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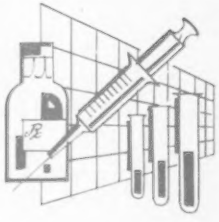

DATES TO REMEMBER

Nov. 6	**Missouri Federation, CEC, St. Louis**
Nov. 6-7	**Ohio Federation, CEC, Springfield**
Nov. 8-14	American Education Week
Nov. 11-14	Am. Speech and Hearing Assn., Cleveland
Nov. 15-18	**CEC Regional Conference, Sheraton-Biltmore Hotel, Providence, Rhode Island**
Nov. 15-26	National Retarded Children's Week
Nov. 20-22	United Cerebral Palsy Assns., Saxony Hotel, Miami Beach, Fla.
Nov. 27	**Antonio Texas Council for Exceptional Children, CEC, San**
Nov. 29-Dec. 2	National Society for Crippled Children and Adults, Chicago
Dec. 26	**Section Q, American Assn. for the Advancement of Science, and Council for Exceptional Children, Chicago**
Dec. 28-30	Speech Association of America, Washington, D. C.

CEC International Conventions

	1960
April 19-23	***Biltmore Hotel, Los Angeles, Calif.***
	1961
April 4-8	***Statler Hotel, Detroit, Mich.***
	1962
April 24-28	***Deshler-Hilton* Hotel and Neil House, Columbus, Ohio (*convention headquarters)***

INFORMATION INDEX

Latest reference, in EXCEPTIONAL CHILDREN, to these topics may be found as follows:

Advances to State Federation: Jan. '59, p. 222.
Annual Membership Report: Jan. '59, p. 223-24.
Annual Treasurer's Report: Nov. '59.
CEC Conventions: Sept. '59, p. 32-33.
Chapter Activity Report: Jan. '59, p. 221.
Constitutional Revisions: Sept. '58, p. 24
Fall Regional: Sept. '59, p. 29 ff.
Methods of Appointment to Membership and Nominations Committees and Election to Governing Board: Sept. '59 p. 37.
Membership Cycle for Same: Sept. '59, p. 38
Nomination Procedures for CEC Officers: Sept. '59, p. 35ff
Officers of Divisions: Sept. '59, cover 3.
Resolutions: Sept. '59, p. 32-33.

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How We Fare With Our Relatives

Since 1941, the CEC has functioned as a department of the NEA. It was not by accident that this affiliation came into being—it was the logic of leadership. CEC members need a basic understanding of the relationship between the NEA and the CEC in order to have fuller appreciation for their own organization as well as the broad NEA framework under which it functions.

The NEA and the CEC have much in common. Each was founded to advance the interests and promote the cause of education. Being united in their basic purposes, however, would not necessarily insure benefits for either the NEA or CEC through organizational affiliation. Rather, the real strength behind the NEA-CEC relationship is due principally to the differences that exist between the specific goals that each has, and the ways in which each attempts to realize those goals. In many aspects of work that are important to both, one can step in to provide a service that the other cannot or does not offer.

The NEA is the largest professional organization in the world, with nearly 700,000 members. There is no other organization whose scope of educational interest and program of service is as broad and complex, touching as it does upon virtually every aspect of American education. This breadth of NEA concern is manifested not through one unit that attempts to be all things to all educators, but rather through its structure of many units, each possessing the skills, the service, and the leadership needed in a particular area of educational concern. Within the NEA, these units—some of which are divisions, some departments, some committees, and some commissions—can function in an integrated fashion in behalf of a unified profession. Whether an educator's area of particular concern is that of rural education, audio-visual instruction, curriculum, or special education, there is, almost without exception, a unit within the NEA through which professional leadership and service is being rendered.

This complementary balance of broad concern and special interest can be illustrated by the CEC's program within the NEA structure. For example, the CEC can provide unique leadership in such activities affecting the education of exceptional children as research, administration, and teacher education. Thus, the NEA benefits from having, among its many units, one that can provide needed leadership in an area that the total profession recognizes as vital and important. On the other hand, the NEA, with its enormous strength of membership and organizational facilities, can provide leadership in effecting favorable federal legislation (to give but one example) that the CEC, or any othr NEA unit by itself, could not provide.

Activities co-sponsored or supported by the CEC and the NEA have been numerous as well as beneficial to all concerned. Through the *NEA Journal*, articles designed for regular classroom teachers have reached an audience interested in exceptional children that has limited contact with the CEC. Co-sponsored meetings at NEA conventions (as well as at those of its departments) have brought special education problems to the attention of educators who would not normally attend those of the CEC, and have brought back, to the CEC's benefit, the reactions, advice, and recommendations of "general" educators—a most important consideration as far as the Council's program is concerned.

In addition to the above illustrations of ways in which "professional" interaction within the NEA structure has strengthened the CEC, the Council has also benefited greatly from the many "operational" services provided by the NEA. In terms of dollars and cents, to say nothing of convenience, the CEC would need to markedly reduce its own services if it were to purchase, on the open market, those services which the NEA provides gratis or on an "at cost" basis. For example, the NEA provides the office space and furniture, and other facilities and services totaling several thousands of dollars annually, in addition to a liberal cash grant that in some years has amounted to as much as $7,000.

Another positive aspect of the NEA-CEC relationship is the interaction between the Council and the other NEA units. There is scarcely an NEA department or division that does not have concern for the education of exceptional children. CEC's presence in such a family of organizations facilitates the exchange of information and services, and makes possible joint undertakings of mutual value to them and us.

Within the NEA, then, the CEC has access to educational leadership in every major area of educational concern. By the same token, these other major areas have access to the leadership we provide. Here in the NEA, we can concentrate on our own problems while, at the same time, maintaining contact with the total picture of education. These mutually supportive relationships are achieved with a minimum of conflict of interests and with no interference in one another's operational procedures.

It is a matter of teamwork, a process familiar to special educators. While the CEC, as a relatively small organization, gains much moral support in being a part of an organization fifty times its size, its real gain comes from being an integrated link in a united force that moves forward the cause of education for all children.

A NEW LOOK AT overprotection and dependency

BEATRICE A. WRIGHT

THE OBSERVATIONS that led me to re-examine the meaning and significance of such concepts as *overprotection, dependency,* and *independence,* are simple and common ones. We know that in work with persons who have severe disabilities there is much emphasis placed on independence training, and understandably so, for to be able to feed oneself and dress oneself can spell the difference between eventual custodial care and living at home. Certainly to be able to earn one's living—that is, to be economically independent—is of vital concern to the individual and society.

Yet it seemed to me, after observing parents in relationship with their children who had severe disabilities as well as the work of several rehabilitation specialists, that the emphasis placed on getting the child to help himself often was all out of proportion to what the child could be expected to do. More than that, the emphasis frequently seemed to provoke a situation that was filled at best with a seriousness of purpose and at worst with a hostile and anxious atmosphere between adult and child that destroyed good-will between them.

As part of the emphasis on independence, it seemed to me that investigators and interpreters of psychological behavior saw overprotection in the natural solicitude of a parent for a child and condemned on all counts whatever they considered to be "overprotection"—its cause typically being ascribed to guilt, and its effects seen in a gamut of undesirable child behavior such as aggression, submission, nervousness, and withdrawal.

These observations led me to wonder whether, in our stress on independence, we were forgetting the importance of dependency needs, and whether the effects of overprotection were as deleterious as they were reputed to be. They led me to wonder to what extent overdependency stemmed from overprotection and to wonder about the best way to help a child overcome excessive dependency and develop desirable progress toward independence.

Wondering thus, I spent hours seeking out the relevant research, and the more I studied the more I became convinced that a reappraisal of the significance of overprotection, dependency, and independence is very much in order, that the commonly assumed relationships do not in fact hold up, at least not in the simple way in which they are presumed.

The first problem facing us is to get at the facts, just as in the case of the four travelers—a sergeant, a colonel, a pretty young girl, and a spinster—who were riding in a train. As the train went through the tunnel, the darkness was punctuated by a kiss and a loud slap. . . . When the train emerged, each one looked about and wondered what had happened. The old maid thought that the sergeant had kissed the young girl, and that she had slapped him for his trouble. The young girl thought that the colonel had kissed the old maid and that she had slapped him in return. The colonel had part of the facts, he

• **BEATRICE A. WRIGHT, recently with the Department of Psychology, University of Kansas, Lawrence, now serves as psychological consultant to nursery schools in Kansas City, the Institute for Parents of Young Deaf Children at Olathe, Kansas, and other groups. This article is based on the address given by Dr. Wright at the CEC President's Dinner, at our Atlantic City convention this past April.**

knew he had been slapped. He thought that the sergeant had kissed the young girl, and that she, thinking it was the colonel, had slapped him. But the sergeant is the only one who had all the facts. When the train went through the tunnel, the sergeant kissed the back of his hand and slapped the colonel.

I am sure that we shall have only part of the facts, and a very small part at that. But let us see the kind of direction in thinking to which they lead.

The Cultural Position

We can begin by looking at some data pertaining to the position of independence and dependence in our culture. A revealing first step is to pause for a moment and guess at the answer to the question: Does American middle-class society place more or less emphasis on self-help in young children as compared with primitive societies distributed over our globe? The answer can be checked against the facts provided by the cross-cultural study of Whiting and Child—(13):

1. Of 38 primitive societies, 30 allowed their babies to be more dependent than ours.

2. The median age at which serious efforts at independence training was begun for the 38 societies is a little above 3½ years, with American middle class society being placed at 2½ years, that is, fully a year or one-third of the life of the child earlier.

3. With respect to severity of independence training American middle class society was given a high rating for that aspect of independence concerned with the responsibility of the child for taking an adult role in the household economy (e.g., self-help in dressing, performance of chores) and a low rating for fending for oneself without adult surveillance.

4. On such behavior as nursing, weaning, toileting, sex behavior, dependency, and aggression, American middle class society was rated as being extremely low in average indulgence, and rather extreme in the severity of its socialization practices.

A second interesting cross-cultural study presents data on the dependence-independence question from a different perspective (7). Fifty-two societies, on the basis of ethnographic reports, were grouped in terms of the benevolence and malevolence of their deities. Parent and child behavior were analyzed accordingly. It was discovered that:

1. Parents in societies with beliefs in aggressive supernaturals were more likely to reward their children for self-reliance and independence and to punish them for the absence of these behaviors than were parents in those societies with beliefs in benevolent gods.

2. There was a general tendency for less indulgent treatment in infancy to be related to predominantly aggressive deities in the cultural belief system, and for more indulgent treatment to be related to benevolent deities.

3. Children in societies with aggressive deities were more self-reliant and independent, but were less nurturant, than were children in those societies with benevolent deities.

4. On three other child behaviors rated, namely, obedience, responsibility, and achievement, no significant differences were found between the two types of societies.

Another way of looking at the cultural evaluation of "independence" and dependence" is to consider the fact that when people in our society are asked to respond spontaneously to the thought of "independence" and to the thought of "dependence," the former tends to be judged as something positive and the latter as something negative—at least in a global and general sense. Independence goes along with strength, masculinity, leadership, rugged individualism. Dependency, on the other hand, is freely associated with weakness, femininity, indecision, selfishness, and helplessness. No one would be startled to find a book or chapter entitled, "Growing Toward Independence" but one would be rather surprised to find the heading, "Growing Toward Dependence." The shock might be tempered by the assumption of a typographical error, or perhaps by assuming that the chapter dealt with all the bad things which lead children to grow in the wrong direction. If the author argued that children and adults need to grow toward *dependence*, would the reader take him seriously?

The emotional bias of our culture toward independence, as well as the studies involving cross-cultural comparisons, though not proving that our bias is unwise, does give us pause to wonder whether there is too much stress on independence training in early childhood in our society.

My original concern with the problem of independence had to do with the effects of its stress on the feelings of warmth and friendliness between parent and child. There is some material on this matter, as in the research by Sears, Maccoby, and Levin on child rearing practices (10). Almost 400 mothers of kindergarten children were asked individually how much attention their children seemed to want. Whether the child followed the mother around, whether he objected when she left him for a while, and whether he asked for unnecessary help. It was found that those mothers who had an accepting, tolerant attitude toward the child's dependent behavior tended also to be affectionately warm toward the child ($r = .37$). The findings of such studies alone suggest caution in decrying dependency (or for that matter overprotection) without considering the broader relationship between parent and child, the emotional needs of the child, and the ways of achieving a satisfactory dependence-independence balance.

The Value of Dependency

A great step forward was made when psychoanalytic and other theories stressed the importance of the early period of dependence of the child on his parents and that the need for nurturance in its broadest sense must be satisfied. Nevertheless, dependency as such is usually not posited as a desirable end in itself. Instead, it is seen as a means to emotional security or to ultimately greater independence.

We should like to extend the emphasis on dependency by submitting that dependence in itself is a value, that it is essential in many important kinds of interpersonal relations. People, for instance, should be able to rely on others, to ask for and accept help, to delegate responsibility, but these relations occur naturally only when the person has learned how to become dependent or, what may be more euphemistic, has learned that there are many occasions when dependence is indeed laudable. Dependence becomes then not only a second best alternative, but a valuable end in itself. The physical realities of life as well as the needs of psychological man require that he be dependent on others as well as independent from them.

There is evidence that dependence and independence are not polar opposites as organized within the personality, that to rate high on independence does not mean that one must necessarily rate low on dependence. In a study of 40 nursery school children by Heathers (5), for example, the results show that emotional dependence and independence may be either negatively or positively correlated, depending on what specific measures are related.

The notion of a drive toward independence of the right kind and a drive toward dependence of the right kind are not antithetical. The "do it yourself craze" may just as aptly apply to interpersonal relations as it does to material constructions.

Evaluating Overprotection

Let us now examine the problem of dependency and other personality characteristics from the point of view of *overprotection.* In any study of the attitudes and behavior of parents toward their children, overprotection is likely to appear as one of the main categories. Moreover, the generalization can probably be made that parents tend more frequently to be overprotective towards their children who have a disability than towards those who don't. A study by Shere (11), of 30 pairs of twins, one twin of each pair having cerebral palsy, may be mentioned. Among the twins, 13 children with cerebral palsy were judged to be overprotected, whereas none of the non-disabled twins was so judged.

But our problem first begins. Overprotection is obviously bad, for it is so by definition. Too much of anything is too much. But it is also clear that the judgment as to whether the child is being overprotected depends upon who is doing the evaluating, as well as the culture and times in which he lives. The independence given children today would have been considered excessive by the Victorian master. Socio-economic class lines influence standards of protectiveness. The adolescent tends to regard any parental guidance as overprotective. A neighbor may regard a parent as underprotecting his deaf or blind child when the parent allows the child to cross city streets.

Even if we take specific criteria of "overprotection," such as those listed by Shere (11), it becomes clear that a point of view enters the judgment. For instance, consider the first two of her 10 criteria of overprotective parents:

1. They are highly child-centered; they are eager to sacrifice themselves (and the rest of the family) for the "good" of one particular child.

2. They are continually helping the child, even when he is fully capable and willing to help himself; they bathe, dress and undress him; they feed him.

The observer may feel that the parent is sacrificing himself too much or helping the child too much, but the parent may not see the situation that way at all. He may feel that it is not a sacrifice; and he may feel that the child is not fully capable of self-help in the instances cited. As the parent sees it, it is the realities of the situation that require his help and protection.

In any case, what is the evidence that overprotection leads to undesirable behavior in children? Let us first look at Shere's work with 30 pairs of twins. In this sample, only the cerebral palsied twin was overprotected. If we take those who were loved *and* overprotected, but not those whose overprotection was accompanied by rejection, it is noted that these children appeared to be friendly, cheerful, with a good sense of humor, and free from aggressive behavior. The overprotected children who were rejected had none of the positive qualities of the children who were accepted, though overprotected. The first possibility to keep in mind, therefore, is that so-called overprotection, when coupled with warmth and acceptance, may not be so bad after all.

In many respects the behavior of both types of overprotective parents (rejectant vs. acceptant) in Shere's study was the same. Both kinds of overprotective parents tended to keep the cerebral palsied twin a baby. They discouraged curiosity and protected him not only from dangers—real or imaginary—but also from new experiences. They did not often explain family policies to him or give him any voice in formulating them. The criteria for distinguishing between these two kinds of parents lay in the rapport which existed between parents and child, in the demonstrations of affections, and in the direction of parental criticism. The overprotective parents who really rejected their child did not enjoy him, and he did not enjoy them. They saw, primarily, the child's shortcomings.

The fact that overprotection occurs in homes differing widely in degree of warmth and acceptance has been clearly demonstrated in the appraisal of parent behavior by means of the Fels rating scales (1). This fact is necessary to stress because overprotection not infrequently is assumed to stem from such negative attitudes as guilt and rejection without considering the possibility that love, care, and concern may be equally likely if not more likely to be the underlying feelings. The negative connection is made by laymen and scientific workers alike. There is, for example, an investigation of parent-child relationships in which overprotection was specifically "used to refer to the type of attitude which might be described as disguised rejection, or is thought to be negative" (2:p. 17). Thus, if the parent's behavior indicated that he spends much time with the child, protects him from unhappiness, and is concerned about the child in the child's absence, etc., this was rated as a positive relationship when there was evidence of genuine affection, but as overprotection when there was evidence of rejection.

The automatic connection between overprotection, and guilt and rejection, is due to at least two significant factors: First, it has been demonstrated in many experiments, that a priori relations tend psychologically to have the same sign, i.e., cause and effect are perceived as both negative or both positive (6). It is a much more complex cognitive act to perceive that something undesirable can proceed from something desirable. In regard to the case at hand, overprotection, being a negative state of affairs, must result from negative antecedents.

The second factor has to do with the climate of the times, particularly in professional circles, which tends to place an onus upon parents in general. "The trouble with children is their parents" represents a commonly accepted dictum. The appraisal of rejection, guilt, and hate fits in much more easily with this negative orientation to the parent.

Returning to the Fels research, we find corrobora-

tion of the possibility that overprotection and rejection are not typically found in the same home (1). It was found that those homes that were rated high on babying, protectiveness, and solicitousness (the three indulgence variables) were usually warm, though these parents lacked objectivity in their relations with the child. Furthermore, the typically rejectant parent was typically low on indulgence. There were homes, to be sure, in which overprotection was accompanied by coldness and anxiety in the parent. The pattern was particularly clear when solicitousness was rated higher than babying and protectiveness.

To emphasize the point that the significance of overprotection changes with the character of other factors, still another pattern may be distinguished. There were homes in the Fels study that were rated high on indulgence and warmth, and also high on democracy—these homes being described as showing a soft, spontaneous democracy. In contrast, there were homes that were rated high on indulgence and warmth, and high on restrictiveness—these homes being indicative of a domineering, overcontrolling indulgence.

It now becomes clearer why overprotection cannot be indicted or dealt with without differentiating its types. So-called overprotection does not necessarily, or at least does not only, produce undesirable effects in children. In some cases, notably where warmth and acceptance predominate, many aspects of the child's behavior appear highly desirable.

Several observations in connection with David Levy's (8) study on maternal overprotection are most pertinent. Overprotection in his study was defined by three criteria: (a) excessive contact—"the mother is always there" (b) prolongation of infantile care—"she still treats him like a baby" and (c) prevention of independent behavior—"she won't let him grow up, she won't take any risks." His subjects, 20 of them, were selected from the files of an Institute for Child Guidance and therefore, by this very fact, had more than their share of behavior problems. These were cases of "pure" overprotection, those whose parents evidenced guilt or rejection being excluded. These overprotected but not rejected children improved, despite the mother's attitude, as they grew older. Moreover, though the outcome of treatment of these cases at time of case closure was rated as being less successful than the larger group of cases from the Institute for Child Guidance, several years later, during follow-up, the outcome was rated as being more successful. Maturation by itself, evidently, can be a powerful ally in support of the effort toward independence at least in basically acceptant homes.

Parenthetically, it is not without significance that reports on David Levy's study generally ignore these facts and instead report the findings that of his 20 cases of maternal overprotection, 8 children were excessively submissive and 11 undisciplined; that overdependency resulted when maternal domination was combined with overprotection, and undisciplined behavior resulted when maternal control was lacking in an overprotective mother. Such findings much be interpreted in the light of the fact that the subjects were cases from a child guidance clinic, and therefore already selected for behavior difficulties, a fact never referred to to my knowledge.

Another study of parental behavior as an index to the probable outcome of treatment in a child-guidance clinic (14) also supports a new look at overprotection. The analysis showed that when the mother was markedly over-indulgent or overprotective the outcome depended on the genuineness of the affection in the home. Failure occurred when the mother showered on the patient the affection and concern she denied her husband. These cases were marked by marital discord or separation. But success is reported to have occurred when the parents were fond of each other and united in spoiling the child. In all of these cases the patient is said to be "a very friendly, outgoing adolescent with many friends, who had good insight into his mother's attitude and wished to break away from her domination (p. 438)."

Certain comments following the presentation of the preceding findings at a convention are worthy of note. One of the discussants felt that he misunderstood the paper because "Dr. Levy, for instance, has stressed the dangers of overprotection for some years past." Witmer replied, "Dr. Levy said yesterday that overprotection is not necessarily dangerous, and that there is a great deal to be said for overprotection if it is not too severe" (14:p. 444). And yet, more than 15 years later, overprotection is still anathema.

I do not want to leave the impression that all

serious studies of the problem of overprotection favor the overprotective parent. In one study of parental overattentiveness, for example, it was found that the work habits and social adjustment of school-age children who were babied were predominantly poor (4). Judgments as to babying were based on such comments in the home-school reports as "An only child whom the mother admits has been spoiled", "Mother tried to shield him from life too much." In a second study dealing with nursery school-age children, the results indicated that children whose homes reflected overattentiveness were likely to display infantile, withdrawing types of reaction (3). It should be noted that in these studies, the basic feeling of acceptance or rejection of the child on the part of the parent was not distinguished. Clearly, considerably more systematic investigation is needed on the question of overprotection, investigation that is based upon and results in greater conceptual clarity.

Developing the Independence—Dependence Balance

At this point I should like to be so bold as to suggest that some children during special phases of their development need more of at least certain kinds of behavior typical of an overprotective parent, such as giving the child a good deal of physical contact, being near the child much of the time, and freely helping the child even when he is objectively capable of helping himself. Of course, the behavior of the parent would not then be called overprotective, for, having desirable effects, it would not be excessive.

Support for and some clarification of the proposition may be achieved by examining a study by Stendler (12) on possible causes of overdependency in young children. Twenty children, six years of age, who were extremely overdependent as judged by teacher ratings and parent interviews were selected for study. Of these children six or 30% had mothers who were overprotective. That is, the mothers wanted the child to be dependent, consistently encouraged it, and discouraged independent behavior. But the remaining 14 children, or 70%, were not overprotected. The mothers of these children on the contrary, wished very much to prevent dependent behavior!

Moreover, these non-overprotected children, in contrast to the dependent overprotected children, were not dependent on their mothers for physical habits. Rather, they were *emotionally* dependent as seen, for example, in their wish for the mother when they went to bed at night.

The life histories of these 14 children also tended to differ from children in general. The number of major adjustments these children had to make during the critical period between nine months and three years averaged four in contrast to a control group that averaged a little more than one. Major adjustment situations were considered to be situations that required unusual adjustment, such as a major physical disability, the permanent or temporary loss of an important socializing agent such as the mother or father, or adjustment to a new socializing agent as when the mother has to go to work.

The mothers of these 14 children tried to overcome child dependency by forcing independent behavior and by trying not to give in to the child's demands for physical closeness, care, and attention. But of course they could not be consistent in punishing dependent behavior. When the child became too insistent, when he cried too desperately, the parent finally gave in.

The parent is then caught in a bind, in a vicious circle, for as we know such partial reinforcement produces a learning situation most resistant to extinction. Perhaps if these parents tried less, and like the parents of the cerebral palsy children in Shere's study, happily tended their children, they would have had better results.

There is other evidence to suggest that the way to overcome excessive dependency is not by a frontal attack against it. In the Sears, Maccoby and Levin (10) study of child rearing practices mentioned earlier, it was found that punishment for dependency seemed only to make children more dependent than ever. It was also found that withdrawal of love as a disciplinary technique was significantly related to the amount of child dependency. One can posit that these two facts are not unrelated, that ignoring or punishing a child's expressions of dependency needs becomes a threat to the child's certainty that his parents love him.

If a direct attack against the child's excessive demands for physical contact, proximity, help, attention, and praise is not the answer, what is? One

principle for correction may be formulated as follows: The small, timorous, and partial indications by a child that he is seeking independence should be encouraged in a warm, but not effusive, manner. The small strivings toward independence are manifested in different ways. Of the following list, the fifth manifestation is generally but erroneously considered to be the main evidence of independence. The first four, however, are equally important signs that the child is making use of his own resources:

1. when the child takes initiative in anything
2. when he tries to overcome obstacles
3. when he persists in what he is doing
4. when he wants to do something, to be active
5. when he wants to do things for himself

The parent will act far more wisely in being alerted to these manifestations of independence than in being worried and punitive in regard to the manifestations of overdependency. The latter emphasis spells hostility, conflict, resentment; whereas the former means starting with the child from where he is and taking small steps ahead while preserving the warmth of the human relationship. In the case of severe emotional or physical incapacitation, the problem may be complicated by the fact that even abortive attempts toward independence are hard to detect. It may require special environmental manipulations in order that the environment may be brought into the life space of the child and so lure him to reach out.

Where the mother appears to be holding the reins too tightly, either because she is overly anxious, or because she misjudges the capabilities of her child, there are several aids which can be of real value in broadening the horizons of the parent. The opportunity for parents to observe other children like their own child can be a real help in giving them perspective on what they can encourage and allow their child to do with impunity. Extended awareness of what can be realistically expected of the child also emerges through parent discussion groups. After all, how do any of us get a notion about what children are ready for. By observing, pondering, and discussing.

The parent also needs to be informed of special techniques that can aid in the development of his child. For example, the parent of a blind child can well be told that his child can learn to walk more easily if his feet are placed on the parent's shoes, both facing the same direction. Though the child hasn't been able to observe walking, he will be able to feel the pattern when the parent walks. The principle of becoming acquainted with special techniques could be illustrated by many other examples that apply to the child who is deaf, crippled, mentally retarded, and so on. Many of them, like the example of walking, become obvious to the parent only after the technique is described. Many of them are simple to execute.

The idea of creating opportunities for specific kinds of experience can also be discussed with parents. We do not have to think very much about opportunities for moving and exploring when it comes to the ordinary child. But to the blind child, or to the child with marked physical incapacity, indifference on this score will markedly impede his development. These children will often need to be taken to things and to have different aspects of the environment brought into contact with them.

The creation of opportunities is not always easy to effect, even though the plan may appear to be a simple one. For instance, the parent may realize how important it is for his cerebral palsied child to have experience with a variety of adults and may look for a baby sitter to provide this opportunity, only to have considerable trouble in finding a person who is willing to undertake this duty. Or, the parent may be aware that his child needs the companionship of other children, but, in spite of his efforts to provide interesting play situations for invited children, he may sense a reluctance on the part of neighbors to encourage this. The children themselves may prefer other outlets for their playtime. The rehabilitation worker must be aware that even with the best of intentions solutions sometimes are "easier said than done." Follow-up is necessary to correct the false leads and seek solutions in other directions.

Finally, the judicious use of reading material can be invaluable in imparting to the parent constructive attitudes and factual information—the background necessary towards realizing a healthy balance between striving for independence and striving for dependence.[2]

[2]Berthold · Lowenfeld's book, *Our Blind Children* (9), is an example of the kind of material that can be most helpful to parents in this regard.

Where love is the prevailing underlying feeling, the aids to growth in independence have the best chance of being effectively utilized, for then the predominant effort of the parent, consciously and subconsciously, is geared toward the child's needs, not the parent's. Guilt, rejection, and a need to keep a child dependent, on the other hand, instigate behavior which is basically parent-centered not child-centered. Where the parent is driven by these feelings, the kind of emotional re-evaluation necessary before a comfortable relation between the child and the parent can be reached may require the services of a specialist in psychotherapy.

In conclusion, the principle stressed tonight that independence must be viewed in terms of the balancing framework of constructive dependency needs suggests a new look at parent-child relations. It suggests that parents, through the pressure of their own principles and those of the specialist, may be pushing the young child too fast and too soon toward the vague and abstract goal of independence. It raises the concern that the priceless quality of warmth in interpersonal relations may be usurped by the calculated zeal to teach the child independence. It suggests that ratings of overprotectiveness, which appear as central findings in research reports, may be unduly weighted by the high cultural premium placed on independence. It presses us to investigate the kinds of dependency that should be fostered during the different phases of the entire life span of a person's development. It points up the possibility that we may have overrated the negative consequences of so-called overprotection in warm and accepting homes, and that overprotection cannot be considered in isolation from other parental attitudes. It suggests that the way to overcome excessive dependency needs in children is not by a direct denial and campaign against them, but by the strengthening of the child's natural urges to explore, to overcome obstacles and to achieve the satisfaction of accomplishment. These are manifestations of the drive of independence that are as important as the all too often sole emphasis on self-help. It reminds us that our so-called coddling of children lies less in babying in early childhood and more in the possibility that we do not allow sufficient opportunity and challenge for the strengthening of the constructive urges toward the many manifestations of independence well paced to the child's development. Above all, the problems and paradoxes raised fairly beg for greater clarification on the research front of such concepts as dependency, independence, and overprotection.

Tonight we have done a good deal more than search for the facts. We have also tried to interpret and evaluate them. But this is not unlike the situation of the sergeant and the other passengers on the train. We may be sure that not only did each of them search for the facts, but also that each of them carried away his own evaluation of their implications.

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READING READINESS for a BLIND CHILD in public school

MARY J. MILLER

JACK attends kindergarten in public school and, like many of his friends, is looking forward to the day when he will be able to read. Unlike them, he must learn to read with his fingers because he is blind. His teacher recognizes Jack's interest and ability, and is concerned. "What can I do to help him?" "Are the skills involved in learning to read Braille different from those required to read print?" "What should I look for in evaluating Jack's readiness to read and how can I give him the help he needs?"

Readiness is an important part of any learning. It is individual and personal, and depends on previous experience as well as ability. Readiness to read begins early in life. Children come to kindergarten in many stages of development. Some are ready and eager to read long before the school program offers reading. Others need a longer period of readiness work before they can cope with beginning reading. One of the major objectives of the first year of school experience is to develop and nurture the young child's desire to learn to read.

Reading readiness has received much attention in the field of education, in formal research, in teacher opinion, and in parent concern. Educators generally agree on what concepts are involved, but differ in their emphasis. Four concepts which appear to hold great significance are: mental readiness, physical readiness, emotional readiness, and educational readiness.

Mental Readiness

Mental readiness refers to general mental maturity. In the past, many school systems required a child to have a mental age of 6 years and 6 months before formal reading was begun. While standardized mental maturity tests can give us the mental age of a child, these results do not give us a complete picture of reading readiness (1).

Betts reports that, "Since reading is largely a thinking process, it follows that mental maturity is a primary factor in reading ability," but he adds, "Mental maturity is essential to reading but it does not necessarily insure success in reading." (2)

Fortunately today, this standard of mental maturity is one of several criteria for determining reading readiness.

Physical Readiness

Jack's physical readiness concerns his teacher. Does he hear well? Does he have speech or health defects? The loss of vision requires that the child make full use of his other senses and that the teacher place educational emphasis on his tactile ability rather than his visual acuity. He literally "sees" with his fingers and he comes to school already adjusted to this manner of exploring, investigating and listening. Another aspect of physical readiness concerns hearing. For a child who cannot see, hearing becomes a vital avenue of learning. Auditory discrimination starts early for him. He learns to recognize people by their voices and footsteps. He knows where he is by the sounds around him. He knows what his mother and other members of his family are doing by the sounds.

The blind or visually impaired child comes to school with auditory discrimination and memory as his greatest strengths. He is usually superior to seeing children in these abilities—not because he was born with greater ability, but because he has developed them more. He should have no difficulty in recognizing words that rhyme, which word begins with a different letter and other auditory skills

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which need to be developed before beginning reading. Music should be a source of pleasure and success to him—but beware of the outmoded idea that "All blind people can become musicians."

Instructions by the teacher of Jack's class must be very specific. This will be equally valuable to Jack's sighted classmates. Many of the games and learning experiences employed on the playground can be equally effective with Jack. "Blind Man's Bluff," jumping rope, "Squirrel in the Tree," and singing games with motions are a few. Jack will need a "guided tour" around the classroom and playground in an effort to learn the location of objects and any hazards which may exist. Children will soon learn to speak or let Jack know they are in his path. Sighted children should *not* be taught to always clear the path for Jack, but by making their presence known to him, Jack will learn to detour around them. It has been found that assigning an end locker or cupboard space to a blind child makes locating his storage space simple. Jack will learn to care for his supplies and take pride in his success. Flat, rather than round crayons are more easily controlled and no more expensive. Jack's kindergarten teacher will soon observe many ideas for helping him become a contributing member of her class.

Emotional Readiness

The emotional adjustment of a child contributes significantly in determining his readiness to read. The level of this adjustment varies greatly with individual children, depending on attitudes and relationships in the family and other children during the pre-school period. All children have the same basic psychological needs: the need to be loved, to belong to a group, to achieve success, to gain real approval and to be able to express his feelings. The blind child has the same needs, but, because of his vision loss, he must often develop under the added handicap of distorted relationships. Blind children who are overprotected are denied the stimulation they need to grow and become self-sufficient. Many blind children first accept this discriminating attention offered, then expect it, and finally demand it. Cutsworth (3) reports more socially maladjusted blind people are the result of overprotection than from any other single cause. He advocates total acceptance with his blindness, not because of it, or in spite of it. This is equally as important for a teacher as a parent, as the degree of acceptance by the teacher will be reflected by Jack's classmates.

Participation in a good nursery school with sighted children is a highly desirable experience in developing social awareness and emotional stability. The kindergarten year is important in that it offers many opportunities for satisfaction in personal-social relationships. Learning to share ideas and toys, learning to wait and take turns, learning other new things—all contribute to the emotional maturity necessary for the task of learning to read. If a child has known enough success, he can meet a new learning experience with eagerness and confidence. Jack's teacher will need to encourage him to solve his own problems.

Educational Readiness

There are many factors that contribute to reading success. I suggest Jack's teacher refer to her reading manual for the factors recommended by authors of her specific series for her pre-reading program. In addition to the factors listed in the manual for sighted children, Frampton (4) gives this list of guides to the reading readiness of a blind child.

1. Knowledge of common objects around him
2. Ability and willingness to listen to others
3. Ability to understand and enjoy stories and poems suitable for his grade
4. Ability to memorize simple rhymes and poems
5. At least some ability to use his hands
6. Ability to cooperate with his group
7. Strong interest and desire to read
8. Ability to recall experiences
9. Some appreciation of sequence of events in story
10. Ability to reproduce very short stories or parts of stories
11. Ability to follow simple directions

These factors vary greatly according to the pre-school experiences of a child. In planning for the visually handicapped child, the teacher will be able to evaluate his readiness in verbal, perceptual and manual competence in much the same way she does for a sighted child. Observation under a variety of situations should be most helpful. Verbal ad-

ministration of reading readiness tests will determine areas where more instruction is needed.

For all children a rich background of experience is important. Jack must be familiar with his environment; trips to the fire station, museum, farms, stores, etc., help provide these experiences.

For the blind child there will be experiences which he will not be able to perceive directly, such as those involving light and color. He is learning that light and color exist by the way his sighted classmates react to them.

It should never be assumed that he cannot learn from any group experience. What he learns and how he learns it may be different from what the teacher expects of the other children. The everyday sharing of real life happenings helps him find his place in the world. Should he become anxious about not understanding some of the things he cannot sense by touch, the teacher may help him by reminding him of his strengths and successes. Because there is so much in the world that no young child can understand, neither a blind child or the other children will find this a handicap too difficult to accept if the teacher maintains a cheerful matter-of-fact attitude toward it.

Fire drill should be rehearsed several times in advance, in order that the blind child will not be disturbed—assigning a position in line—second or third—with a "buddy" to assist him should enable him to participate successfully in fire drill. Early in Jack's school experience, preferably before he starts school, Jack will be taken on a tour of the building. He will learn to know the secretary, principal, several teachers, and janitor. He will learn how to locate his classroom door, the office, and any other place he may need to know.

Verbal skills depend on the ability to understand and speak language. The teacher will provide for this in the pre-reading program by offering opportunities to extend his speaking vocabulary. She will need to clarify meanings of words as to color, size, shape, direction, and sequence relationships. For a blind child it is extremely important that the concepts he learns are accurate.

Motivation is also extremely important in reading readiness for all children. The quality of motivation is equally important to blind and sighted children. Children need to learn to handle and use simple equipment. They need to learn to manipulate scissors and cut a line, to handle crayons and develop small muscle competence and coordination of hand and eye. This is regarded as a vital part of the readiness program. For a child whose reading will be small raised dots, manual competence is even more essential. The key to these activities seems to be motivation. The child must want to use his hands and materials. Activities designed to develop skill will be useless if the child is not interested in them. They should have real meaning for him and not be mere "busy work." It is necessary to know the child and his interests to find activities that appeal to him. Peg boards, groups of sticks, toys, large beads, spools, clay, and finger paints are a few of many possibilities.

For a child who cannot see colors and pictures, scrapbooks of materials such as fabrics, paper, rubber, sponge, plastic, fur and leather make fascinating books.

Reading readiness depends on mental, physical, emotional, and educational readiness. It is in the latter that the teacher is most able to help Jack in the school program. The blind child is more like his seeing classmates than he is different and in many areas of readiness he will need no special consideration. His strengths will be auditory discrimination, memory, and verbal skills. Most important of all—Jack's teacher will be able to help him most by accepting him as he is, recognizing and praising his successes, and encouraging him as he meets and solves his problems of daily living.

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CEC INTERNATIONAL CONVENTIONS

1960
April 19-23 Biltmore Hotel, Los Angeles

1961
April 4-8 Statler Hotel, Detroit

1962
April 24-28 Deshler-Hilton Hotel* and the Neil House, Columbus

*convention headquarters

THE EDUCATION OF PHYSICALLY HANDICAPPED CHILDREN IN YUGOSLAVIA

WALLACE W. AND ISABELLE WAGNER TAYLOR

The authors are indebted to Professor Branko Bajić, Dr. Miroslav Zotović, and Mrs. Branca Savić, all of Belgrade, for assembling much of the data on which this article is based. Professor Bajić is currently the recipient of the Donald Dabelstein Fellowship of the World Rehabilitation Fund, and is doing advanced work in special education at San Francisco State College.

IT IS paradoxical but true that out of the suffering and chaos of war frequently come much needed educational advances. This has been true in Yugoslavia, which suffered greatly from the second World War, when two million children were left homeless, two million children were moved or forcibly deported, and over a million children lost one or both parents.

In special education, where there were four residential schools for the deaf in the pre-World War II period, there are now 28. There were but three institutions for blind children then; now there are 14. Before 1945 there were no schools for crippled children, but by 1956 there were four centers for crippled children and children's departments in the larger rehabilitation centers. Special classes for partially sighted and hard of hearing children in regular schools are also a postwar development.

Yugoslavia, a country of 98,608 square miles and a population of 17,628,000 averaging 179 to the square mile, is a federation of six republics developed along the lines of workers' self-management of the means of production and widespread citizen participation in the administration of institutions, enterprises, and factories. Education is compulsory for children from 7 to 15 years of age, and is complicated by such factors as the existence of three languages (Slovenian, Macedonian, and Serbo-Croat) and two alphabets (Latin and Cyrillic).

The First Special Schools

The first special provisions for the handicapped were those made for the deaf and the blind in the 19th century. Schools for deaf children were founded in Gorica, Istria, in 1840; in Sremska, Mitrovica, in 1886; in Zagreb in 1891; in Belgrade in 1897; and in Ljubljana in 1900. A school for blind children was opened in Zagreb in 1895.

The first "open-air schools" or "forest schools" for delicate children (anemic, undernourished, tubercular) were established between the two world wars, as was the first school clinic for the speech handicapped, and the first special school for speech-handicapped children.

At present there are no educational or legal definitions of children's physical handicaps, though new laws incorporating such definitions are planned. The *General Law on Schooling of June 26, 1958*, mandates for the first time the special education of physically, mentally, and socially handicapped children and youth. Specific definitions of handicaps will be provided by the individual republics as they enact laws to carry out the intent of the *General Law*.

Reporting the Handicapped

Up to the present, no census of physically handicapped persons has been taken. Neither is there

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This is the fifth in a series of the articles, by the authors, on the education of the physically handicapped children of Europe.

any legal requirement for reporting cases of physically handicapped children or adults. However, the Union of the Blind and the Union of the Deaf do have fairly accurate data concerning the number of blind, deaf, and deaf-mute persons based on information sent in from regional organizations. Data on other kinds of handicap are fragmentary.

The information available for each category of the physically handicapped is as follows:

1. BLIND: There were 921 children (7–18) of a total blind population of 18,487 in 1957. In 1956-57, 715 pupils attended elementary and vocational schools, and 83 students middle and higher schools.

2. PARTIALLY SIGHTED: Only one figure is available—40 pupils in two experimental classes in Belgrade.

3. DEAF: Of 41,874 deaf persons in 1957, 6948 were below 7 years of age, and 7052 were in the school-age group from 7 to 14 years of age, but only 1679 were receiving schooling.

4. HARD OF HEARING: Data are almost completely lacking. There were 12 special classes in various cities in 1957–58, with between 10 and 14 pupils per class.

5. SPEECH HANDICAPPED: Up to 3 percent of the school population has speech defects.

6. NEUROMUSCULAR DISABILITIES: A total of 4727 children up to 19 years of age were treated in hospitals in 1954, including 688 cases of infantile paralysis.[1]

7. CEREBRAL PALSY: 70 such cases were treated in 1954 in the rehabilitation center in Belgrade, and 38 of the 150 beds at Stara Gora Sanatorium for pre-school handicapped children are occupied by cerebral palsy cases.

8. CONVULSIVE SEIZURES: 646 children up to 19 years of age were treated in 1954 in special wards in neurological departments of hospitals.[2]

9. THE DELICATE: The only data are for those treated: 24,896 up to 19 years of age in 1954, of whom 20,807 were treated for tuberculosis.[3]

10. THE MULTIPLY HANDICAPPED: 845 deaf persons with blindness, infantile paralysis, epilepsy, or mental deficiency were reported in 1954,[4] and 202 blind and deaf persons and 73 blind and deaf and dumb in 1955.[5] These two sets of data undoubtedly overlap, since they were reported by different organizations. Neither report indicated the number of children included in the totals.

[1] 1954 records of the Federal Institute for Public Health.
[2] *Ibid.*
[3] *Ibid.*

Special Classes

A few physically handicapped children are taught in regular school classes, chiefly in the larger cities, and receive special assistance and remedial teaching. For example, in the city schools, classes are conducted by the school speech therapist several times a week. The 83 advanced blind students receive scholarships and reader service from the Union of the Blind. There is no organized special assistance for other handicapped school children.

At present there are these special classes in regular schools:

- 2 experimental classes for the partially sighted in Belgrade.
- 2 experimental classes for the hard of hearing in Belgrade.
- 11 classes for the speech handicapped in the larger cities in Serbia and Bosnia (10 in Serbia and 1 in Bosnia).
- 7 classes for the deaf in Tuzla, Sisak, Rijeka, Osijek, Kragupevac, Karlovac, and Titovo Uzice.

The number of such classes is increasing very slowly. In four larger cities (Varazdin, Pula, Novi Sad, Karlovac) there are separate classes for deaf children at the vocational schools. These are administered through the regular school, but all the theoretical instruction is given in the special school for deaf children. The 1958 General Law on Schooling states:

> "The education and rearing of children handicapped in physical and mental development is provided in pre-school, school, and other institutions organized for this purpose, and/or special schools and classes at corresponding health and social institutions."

The 1958 Law also provided that, until each repub-

[4] 1954 records of the Union of the Deaf.
[5] 1955 records of the Union of the Blind.

lic issues its own laws on special schools, present curricula and programs will be continued.

Special Schools

There is one non-resident vocational school for about 60 deaf pupils in Belgrade; all other schools are residential.

For blind children and youth, there are six elementary schools, six vocational schools with a three-year program beyond the elementary level, a one-year school in Zagreb for switchboard operation, a one-year typing course in Belgrade, and a center for industrial training in Belgrade.

In 1955 there were 14 elementary schools for deaf children and youth, with 1361 places, and 14 vocational schools for deaf apprentices with 550 places. The School for the Deaf in Subotica lacks dormitory space, and so half of its students live with private families and are visited regularly by the school social worker.

A study made by Professor Holm in 1954 pointed out that in 1954 the schooling for the deaf lasted from 6 to 8 years, according to the curriculum, with children enrolled at the age of 6 or 7. He found that in Croatia only 30 to 35 percent of all deaf and dumb children were in school, and that in the whole of Yugoslavia the percentage was even less—25 to 30 percent.

For speech-handicapped children there is a residential school in Bitola. There were four schools, with 290 places, for orthopedically handicapped children in 1956. The larger rehabilitation centers in Belgrade, Ljubljana, Zagreb, Banja Luka, and Stara Gora have children's departments, and the medical faculty at Belgrade has an orthopedic center for children. In 1955 there were four schools in Croatia and Slovenia with 326 beds for the long-term treatment or convalescence of tubercular children. There are no special schools for polio victims, for epileptic children, or for children with multiple handicaps.

In some hospitals and convalescent homes for pulmonary tuberculosis and for tuberculosis of the bones and joints, educational provision is made according to the health limitations of the patients. Otherwise education is available for hospitalized children only in neurological clinics in some hospitals.

No special provisions have yet been made for the instruction of homebound children, though it is hoped that teachers can eventually be provided for them on some regular basis.

The development of special classes as opposed to special residential schools is uncertain, since the 1958 General Law on Schooling stresses the provision that handicapped children shall be educated in special schools. The law also specifies that children are to be admitted to special schools or transferred from them to regular schools only on the recommendation of an expert commission.

Special Provisions

Before admission to a special class or school, the child is examined by a physician as a part of the general medical service provided for all employed persons and their families who have social insurance. Some mental testing is done by professors of psychiatry and psychology in Belgrade, Zagreb, and Ljubljana. Children with severe hearing loss are examined by otologists or professors of phonetics. In some of the larger special schools, qualified special educators are released from teaching duties in order to function as social workers. They place school-age children in foster families, and give vocational guidance to those who have finished their education and training.

Eye clinics, ear-nose-throat clinics, orthopedic clinics, and neurological clinics have medical specialists on their staffs, but rarely psychologists, occupational therapists, or social workers. Some neurological clinics do have speech therapists.

Hospitals for tuberculosis of the bones and joints and nervous diseases, rehabilitation centers, nursing homes, and convalescent homes usually have one or more special educators, occupational therapists, and occasionally a psychologist and social worker. Hospital schools for orthopedically handicapped children have physical and occupational therapists and corrective gymnasts. In both hospitals and clinics, medical diagnosis and treatment of children's handicaps tends to take precedence over their schooling.

Case records are kept by special schools and include such information as nature and degree of disability, schooling, personal characteristics, health, and family and social background.

The 1958 General Law on Schooling states that "Regulations on records and classification of children who are sent to special schools are formulated jointly by the Secretariats of the Federal Executive

Council responsible for education, public health, and social welfare."

Free transportation is provided for handicapped youth who visit rehabilitation centers as outpatients, while blind pupils and their guides receive free tickets on railways or other forms of transportation three times a year, during winter and summer vacations.

Handicapped children participate with normal children in many out-of-school recreational programs as well as in the programs of organizations such as the Society for Physical Culture, the Scout organization, People's Youth, Pioneers, popular engineering clubs, chess clubs, and the like.

Special kindergartens are available only for the blind and the deaf. Blind children over 4 years of age attend special preparatory classes in the residential schools for the blind in Belgrade and Zagreb, while similar classes are held for deaf children; Belgrade has such a class of 10 to 12 pupils, Subotice for 14, Ljubljana for 8 to 10, Svetozarevo for 10 to 12, and Bitola for 14 to 16.

There are no formally organized programs of parent education, but wherever possible close contact is maintained with the parents of physically handicapped children. Parents are given instruction concerning the treatment of their children when they visit the special schools. The Union of the Blind, the Union of the Deaf, and the Federal Rehabilitation Center send free literature to parents. Parent-education programs for physically handicapped children will undoubtedly be stimulated in the future by the provision in the 1958 law which specifies that special schools are "to help parents in the proper upbringing and education of children handicapped in their development."

Curriculum Aids

Except for a few republics where there are legally specified curricula for deaf children, physically handicapped children follow the regular curriculum of the eight-year school with only minimal modifications. For example, the curriculum for the blind is the same as for sighted children except for the use of Braille manuals and literature. Special manuals are also used for the elementary education of deaf children.[6] Such manuals are subsidized by Councils of Education in the various republics as well as by the federal government. Publishing expenses are high, since the manuals must be printed in three languages and two alphabets.

Braille mathematics notebooks, Braille typewriters, tape recorders, and libraries of records are found in some schools. Classes for hard-of-hearing children in Zagreb, Belgrade, and Ljubljana use group amplifiers provided by UNICEF. Efforts are now being made to manufacture amplifying equipment in Yugoslavia; construction of hearing aids has presented the greatest difficulty. The deaf are being taught lipreading by the oral method rather than by the pure sign language or combined method.

Vocational Guidance

There are no special consultation centers or occupational advisors to give vocational guidance to physically handicapped children. The regular consultation services in Belgrade, Zagreb, and Ljubljana examine the children to determine the profession for which they are best suited.

Vocational training can be obtained by physically handicapped children in either special or regular vocational schools after they have completed elementary school. For deaf pupils unable to complete their general education by the age of 15 because of late entrance into the special schools, the practical work is the same, but the theoretical training is shortened, and thus they are barred from some occupations such as printing.

Handicapped apprentices get three years of vocational training. Four years is necessary for blind pupils to become masseurs.[7] Physically handicapped children rarely enter the middle vocational schools. Some of the brighter ones take a regular four-year secondary-school education and some even complete university studies in such fields as chemistry.

Vocational training for the blind includes courses to prepare the trainees as switchboard operators, typists, industrial workers, and medical technicians. Blind students are eligible for admission to teacher-training programs, after which they may attend the higher schools of pedagogy to prepare for positions as teachers of the blind. Musically gifted blind

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[6] Since the vocabulary of deaf children is limited as compared with that of normal children, it is considered desirable to use special manuals for the deaf which contain only essential words.

[7] There were three classes in this specialty in 1957-58.

youngsters may have special instruction in music while attending a school for the blind. Training is also available in seven sheltered workshops maintained by the Union of the Blind, which provides some home industry as well.

Vocational training provided by the School for the Deaf and Dumb at Skopje for 60 students, 14 to 18 years of age, gives girls training in needlework, tailoring, and rug-weaving, while boys are taught carpentry, metalwork, upholstering, and mechanics. The students themselves help to construct new buildings and additions to existing buildings as the school plant is enlarged.

There is a plan to reorganize orthopedic appliance factories, such as that at Ljubljana, to include vocational training programs for handicapped youth.

The federal government has stated that one of the tasks of special schools is "to guide, prepare, and train pupils for vocations which best suit their abilities and preferences and offer them useful and active participation in economics and social life."

Teacher Training

According to the plans for training special-education teachers, new schools will be organized. These schools will be expected to conduct research in special education. Their work will be regulated by a separate federal law on schools for educating teachers. The present law merely stipulates that there shall be such schools, with the rank of a higher school. The length of the program and admissions policies are left to the individual republics.

At present, teachers of physically handicapped children are trained in the special education divisions of the higher schools of pedagogy in Belgrade, Zagreb, and Ljubljana. All students who have graduated from secondary schools, or who have diplomas from the teacher training colleges, physical culture schools, and home economics vocational schools, are qualified to seek such specialized training. The course lasts two years in Belgrade and three years in Zagreb. The training is open to teachers with at least two years of experience, and to others such as school inspectors with at least two years of practical work in the educational field. This training may be taken on a part-time basis. The two-year experience requirement is waived for full-time special-education students who have come directly from the regular teacher-training program.

Between 1919 and 1939, at least three years of experience was a prerequisite for appointment as a special teacher. After a probationary period of two years, candidates were required to pass examinations before they could be certified as teachers of handicapped children. Recently, special education divisions were formed at the "High Pedagogic Schools" in Belgrade (1947), Zagreb (1949), and Ljubljana (1953).

In such special education divisions, there are three types of training: "tiflopedagogy" for training teachers to work with the blind and partially sighted; "surdopedagogy" for work with the deaf, hard of hearing, and speech handicapped; and "oligofrenopedagogy" for work with mentally retarded, crippled, and maladjusted children.

General and special education, psychology, psychopathology, and social science are common subjects for the three areas of training. The specialized professional subjects include teaching methods and vocational training for a specific category of disability, in addition to special subjects such as phonetics, mental hygiene, audiology, and social-legal protection. Students also are given practice-teaching experience in model schools and classes, and visit other schools, classes, and institutions.

Lectures in special education are given in the Faculty of Philosophy in Belgrade. In the third year of the four-year course, students specialize in their own particular field, and have two theoretical lessons and one practical lesson a week.

The number trained in each program is as follows, in terms of those graduating in a given time interval:

	Tiflo-pedagogy	*Surdo-pedagogy*	*Oligofreno-pedagogy*	*Total*
Belgrade (1947-57)	60	99	111	270
Zagreb (1950-57)	—	41	30	71
Ljubljana (1954-57)	—	5	16	21
	60	145	157	362

In the year 1957–58 a total of 141 students were trained in the three fields listed above. Of these, 103 were trained in Belgrade (20, 30 and 53 in the three programs); 22 from Zagreb and 16 from Ljubljana had specialized in "oligofrenopedagogy," the only program offered in these two cities.

In-service Training

Graduates from the special education divisions are employed chiefly in schools and other educational institutions, though some work as social workers or serve on the professional staff of various government departments. About 40 percent of the special teachers now serving have had no special training, although some are currently working toward certification.

Teachers are encouraged to enroll in the improved training programs through scholarship competitions in the larger cities, where a certain number of scholarships are allotted to special-education students. The need for special teachers limits opportunity for selection among the candidates. About 400 additional teachers are needed. Since the plan is to double the number of special teachers by 1961, this will mean over 1000 new entrants in the period from 1957 to 1961.

Special educators receive a salary supplement of between 1000 and 4000 dinars[8] a month, depending on the difficulties presented by conditions under which their work is carried on.

The program of studies is proposed by the Special Education Division of the Ministry of Education at the republic level, and approved by the council of the pedagogic school, which issues certificates for special teachers.

Professional Activities

The quarterly, *Special School,* with most articles in Serbo-Croat, is issued by the Society of Teachers and Tutors in Special Schools and Institutions in Yugoslavia. It is devoted to educational and social problems concerning all physically, mentally, and socially handicapped children. *Social Thought,* a monthly of the Union of the Blind, deals with social and educational problems of the blind. *Impediments of Hearing and Speech* is a quarterly published by the Institute of Phonetics and Pathology of Speech, in cooperation with the Association for Rehabilitation of Speech and Hearing in Belgrade. *Return to Life,* issued eight times a year, is published by the staff and patients of the Federal Rehabilitation Center, and deals with problems of rehabilitation of the handicapped of all ages. Children's journals are published specifically for the blind and the deaf: the *Herald* in Braille, and *Pigeon* (Belgrade), *Our Joy* (Subotica), and *Our People* (Ljubljana) for deaf children.

The Association of Teachers and Tutors in Special Schools and Institutions has branches in all the republics. Its members are also members of the trade union for educational workers. The Society for the Rehabilitation of Speech and Hearing, which includes both professional and lay persons, has branches in some republics. Societies for cerebral palsy and polio victims have recently been organized in some of the republics.

Seminars, workshops, and conferences are organized by the above organizations and the Council of Associations for Child Welfare, the Union of the Deaf, and the Union of the Blind. In some republics the centers for professional inservice training of teachers organize seminars and special short weekly courses for teachers. Nearly every year the Association of Teachers and Tutors in Special Schools and Institutions gives a summer course either for a specific republic or for the entire country for one or more categories of teachers of physically handicapped children; such a course may be two weeks, one month, or two months in length. In addition, the association gives courses consisting of lectures and discussions for three or four weeks during the year-end holidays for about 50 teachers, with one course for teachers of the blind, another for teachers of the deaf, etc. The association also holds congresses every three or four years which last for two, three, or four days.

Governmental Responsibility

Before the second World War, the establishment of special schools for physically handicapped children was the responsibility of the Ministry of Education, but the Ministry of Social Welfare paid all the operating expenses of the schools except the salaries of the teaching staff. These schools were also supported in part by contributions and gifts from voluntary organizations and private individuals.

Now, in most of the republics, the responsibility for handicapped children is divided among several ministries, such as those for Health, Social Welfare, and Education; only in Serbia is there an attempt to approach the problems of handicapped children in a unified way. There is now in preparation a

[8] According to the official rate of exchange, 100 dinars equals 33 cents.

basic law governing the welfare of handicapped persons which will also determine community obligation in all republics for handicapped persons, particularly children.

Within the framework of the General Law on Education, individual republics will enact special laws regarding particular types of regular and special schools. A combination of general and vocational education will eventually be developed for 10 different categories of handicapped children, including the blind, partially sighted, deaf, hard of hearing, crippled, delicate, speech handicapped, multiply handicapped, and children requiring long-term medical treatment. Most education will be provided in special schools though special classes in regular schools and suitable social and health institutions are not ruled out.

The General Law on Education also provides for the establishment of the Yugoslav Educational Council with representatives of republican councils and members nominated by the Federal Executive Council. This coordinating body will make suggestions regarding the education of handicapped as well as normal children.

Special schools in the future will be established by "communal and district people's boards, as responsible federal and republican organs, in accordance with the program of development of these schools established by the republican executive councils on the proposal of the republican council for education." The secretariat of this council will decide when such schools can begin to function, and when they should be closed if they fail to meet requirements. Provisions will be made in republican budgets for the maintenance of these schools. Otherwise there will be no change in existing regulations for their self-management.

The 1958 federal regulations making eight years of general education mandatory also applies to physically handicapped children eligible for admission to special classes, schools, and institutions. Education in all schools, as well as medical care, is free.

Inspection and supervision of special education is the function of officials at the republic level who have had extensive experience with a particular category of handicapped children. The federal government issues general regulations concerning the educational system, while in each republic, councils of education and executive councils or national assemblies issue more specific regulations concerning the organization and activities of educational institutions. Some of these regulations are required by federal law, whereas others are applied under the local autonomy of each republic. Educational institutions are under the direction of administrative boards made up of citizens, representatives of interested organizations, teacher councils, and the principal. The school inspectors of programs of special education are chosen by local councils of education.

Special schools, as well as special classes in the regular school, are financed by the local school boards which have established them. Residential institutions are usually under the direction of local or republican agencies for social welfare, or public health, or education. Except in Macedonia and Montenegro, such institutions receive little help from the federal government. The republican Executive Council or the local government pays the teachers' salaries, and the local authorities or "people's boards" make contributions for the maintenance of pupils. Parents of physically handicapped children pay part of their expenses (living costs, clothes, entertainment) only when they have sufficient income to do so.

In most institutions and residential schools the maintenance expenses for pupils in 1956 amounted to over 10,000 dinars a month per child, and in some cases over 20,000 dinars per pupil.

In 1955–56, 2.1 percent of the national income was spent for education; in the same year the expenses for special-school pupils amounted to 65,710 dinars per pupil, while for the non-handicapped the amount spent was 66,443 dinars in the university, 30,662 in the middle school, and 16,540 in the elementary school. The projected program of school development for the period from 1957 to 1961 includes an investment of 1.2 billion dinars in the rebuilding of existing residential schools and the building of new ones for various categories of physically and mentally handicapped children, so that by 1960–61 it should be possible to admit about 9,000 children as contrasted with 5891 in 1955–56.

The social welfare service is largely decentralized, though there are several basic laws concerning family rights, relationships within the family, and

(Continued on page 160)

SCHOOL SOCIAL WORK with primary grade children

GENEVIEVE C. WEEKS

"I DIDN'T used to be unhappy, but I am now." This was the revealing statement made by Bobbie in his first year of school. He was talking with the school social worker to whom he was referred by his teacher because of temper tantrums and his inability to participate in group activities with other children. Some children, like Bobbie, who are deeply disturbed, cannot use a group situation until they are helped with inner and outer stresses.

Referral to the Social Worker

Bobbie was referred because his behavior was upsetting to the other children in the class and he was not learning. According to the teacher, he had been "difficult" since the first day of school. Letters from his mother indicated that his parents were also concerned about him because he had complained of headaches and earaches, and had difficulty in eating, though the doctor had found no organic cause. When the teacher tried in various ways to enlist his cooperation, the results were always the same: he cried, stamped his feet, and upset the other children. Instead of interpreting Bobbie's lack of response as a failure on her part to handle her class, Miss B. was aware that one or more of the persons on the staff—the nutritionist, the psychologist, the social worker, or one of the special teachers—might work with her to help Bobbie. Although in this instance the referral was made to the social worker, other school personnel later participated in working with Bobbie.

It is important that the child understands that his teacher makes the referral only because she wishes to help him. It is important that he understands, also, that the person to whom he is referred is very much interested in him. The realization of these two points tends to prevent a loss of status between the child and the teacher or a feeling of rejection by the teacher in the eyes of the child. In introducing another child to the social worker, the teacher said, "This is a good friend of mine who is here to help children in the school," and added that this friend was a social worker. In acknowledging the introduction, the worker asked Lawrence if he knew what a social worker did. The child's prompt reply was, "Yes, helps people and quiets their nerves." For many children, this represents their first acquaintance with a social worker, and therefore an immediate reassurance to the young child that the worker wants to help him to be happy, which are words he can understand, sets the tone for a positive and cooperative relationship.

Cooperation Among School Personnel

School social work emphasizes the dynamic part which school personnel, and especially the teacher, play in working with the child who has problems. Before the child and social worker have their first interview, the worker has access to valuable information shared by the teacher about the child, the nature of his difficulties, and frequently, something about his family life. Before seeing him, the worker may talk with members of the school staff, such as the physical education teacher, and others who know the child. This emphasis on cooperation is maintained throughout the period during which the child receives help. Illustrations of mutual help between the teacher and social worker can be described in the records of Philip and Lawrence:

> Philip was referred to the social worker by his teacher because he had "crying spells," complained of his "stomach hurting," and

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Case histories found in this paper are based on "Referrals of Primary Grade Children to the Social Service Department of the Indianapolis Public Schools During 1955-56," by Bonetta Becker and others, a project supervised by the author.

was not doing his school work. The teacher spoke of him as a "welfare child" who was living in a foster home. The school social worker learned from the social worker at the department of public welfare that Philip's father was bedfast as the result of an accident and his mother had deserted the family. Philip and his two sisters had recently been placed in a second foster home because their adjustment in the first foster home was unsatisfactory. The school social worker shared this information with the teacher and discussed with her the effects of Philip's background on his school behavior. Together they planned ways in which the teacher could demonstrate her affection and give him special attention. The social worker also talked with Philip each week. He responded well, and his appearance changed from one of sadness to one which was "almost exuberantly pleasant." His school work was better and he had several 100 percent papers in spelling.

It was too early for the termination of the worker's help, however, as will be seen later.

Lawrence, like Philip, was living apart from his parents. He and one brother were in a children's home. With great feeling he said in the initial interview with the social worker, "I don't understand why I have to stay at the Home when I have two dads, two mothers, and two grandmothers here in Indianapolis." He also showed resentment over the fact that his two-year-old brother lived with his mother, his four-year-old sister lived with his grandmother, but he and his brother Ralph had "to live like orphans." The teacher had referred Lawrence because he was fully capable of doing good work according to the results of intelligence tests, but, she reported, "He does not do his work and does not try," and "is aggressive with other children."

In this record it was seen that the worker helped the teacher to understand that Lawrence was probably striking back at the other children because he was upset at the whole world for what his parents had done to him. It was clear, also, that the reports which the teacher later gave to the worker about Lawrence's behavior—his happier appearance, the establishment of better relationships with the other children—were evidence of the support which the worker was giving to Lawrence through the casework relationship. Of greater import for his future development was the fact that his faith in adults was restored because the teacher and social worker made it clear to him that they believed in his worth.

Teacher-Child and Worker-Child Relationships

Although the teacher and the social worker must demonstrate both an interest in the child's problems and a desire to help him, the relationship that each has with the child is different. The teacher is responsible for the child's learning and development, and recognizes that he is one of a group and that she is responsible for each member of the group. The school social worker, on the other hand, has a one-to-one relationship with the child, which is not shared by his peers in the classroom. This difference in relationship is not always easy for the child, and sometimes for the teacher, to understand and accept.

Philip responded quickly, as has already been described, to the interest, affection, and belief in him as a person which both the social worker and his teacher expressed. His school work improved, but at the point where the teacher indicated she expected more of him, Philip became upset and his performance was uneven. He was uncertain about the teacher's interest in him, and he showed resentment at the teacher's attention to the other children. The teacher found it difficult to interpret to him her position with the other children. The worker and the teacher again recognized that Philip's reaction was not surprising in view of his past experiences, that the teacher would be unable to meet his needs for affection, and that she should continue to assure him she liked him but that she could not spend all of her time with him. This sharing of information on Philip's behavior prepared the social worker for her interview with Philip in which he told her he did not know whether the teacher liked him or not. This gave the worker an opportunity to reinforce what the teacher had told him. The worker increased the frequency of interviews

with Philip to two a week and during these visits, she helped him to accept the idea that the teacher did like him even though she could not give him the attention he might wish or that she might wish to give him. Gradually the days became fewer when he made excessive demands of the teacher.

It is in ways such as this that the social worker attempts to strengthen the relationship between the teacher and the child. It enables the child to realize, in addition, that everyone is working for him and is interested in him, thus safeguarding the possibility that the child may use one relationship against another.

The Cooperation of Parents

In some situations where the child's problems affect his adjustment in school, improvement comes through the attack on the problem by the child himself with the help of school personnel, but without the cooperation of his parents. For various reasons, as in Philip's case, parents are sometimes unable or unwilling to contribute to the solution of the problem. Fortunately, in other situations, parents work with the teacher and the social worker to help their child.

In the first interview with Bobbie (the child who admitted that he was unhappy but didn't used to be) the social worker asked if she might talk with his mother about his unhappiness. The child agreed readily. During the visit to the home, which was subsequently arranged, the worker learned that Bobbie had an older sister and two younger brothers, that his "acting up" had started shortly after his first brother, Willis, was born. Difficulties with eating, bed-wetting, and other behavioral problems had appeared or increased in intensity when the fourth child was born and Willis began sleeping with Bobbie. The parents had seen no relationship between Bobbie's behavior and his displacement as the youngest child in the family. Although they professed willingness to help Bobbie, the social worker sensed that they wanted a solution with little involvement on their part. Both the teacher and the worker drew the parents, and especially the mother, into the group of persons helping Bobbie. He was praised when his behavior was good, and messages were sent back and forth through him between the mother and the teacher, which enabled the child to know that they wished to help him and were pleased when he improved. The teacher interested the mother in working with Bobbie at home to improve his motor coordination. Entries in Bobbie's record made later by the worker stated, "The mother is becoming increasingly aware of the importance of paying more attention to Bobbie, and is trying to make him feel loved and accepted. She is beginning to realize that some of the things she did may have influenced his feelings and behavior." Near the end of the record the worker wrote, "The parents have progressed in understanding themselves and their children. They realize much responsibility rests on their shoulders."

The Child's Contribution

What part does the child play in the solution of his problem? Does he take responsibility for effecting change? He can and does when the problem is one over which he has control, in contrast to such problems as those which are caused by economic deprivation and frequent moves by his family. This kind of change was seen in Lawrence, the eight-year-old who resented "living like an orphan."

Lawrence was greatly upset because his mother did not keep the promises made to him and his younger brother about taking them to live with her. As the social worker talked with him each week, he was able to rationalize that he could not go to live with his mother after a new baby arrived as he had been promised because "he supposed he shouldn't change schools." The worker commented that the mother would need to become accustomed to the new baby. As if to further rationalize why he couldn't go home, he said, "Well, of course my mother does have a parakeet, a canary, and now a baby to look after, so I'll just have to wait." Following this interview the teacher reported that Lawrence seemed a great deal happier, was less aggressive, and began establishing better relationships with

the other children. At the end of the school year, the mother again broke her promise to take the children because, as she told the worker, "there were so many problems."

Lawrence continued to be seen when school opened in the fall and throughout the year. The following excerpts from his record show the change which the child himself effected.

In discussing with the worker where his mother was now living, Lawrence said that he bet she moved every month; he "couldn't keep up with her." He wasn't going to think about living with her, but had decided that he was going to be as happy as he could possibly be at the Home, and not depend on his mother any more. He believed he and his brother were lucky because at least they knew where they were going to be day after day, and did not have to change schools. The worker recorded that he seemed much happier, had shown a great deal of improvement in his class work, had good attitudes, and was reading at the highest level in the grade. The director of the Home also reported great improvement and said that he was able to accept responsibility and criticism without becoming upset. In her summary statement, the worker said, "He has been helped to accept the fact that probably he will not be able to live with his mother, and as a result he is now doing work almost to capacity according to his teacher. I do not plan to see him again next fall unless problems arise."

Philip's record showed that he, too, could take responsibility in solving his problem. Like Lawrence, he longed to return to his parents' home—in this instance, his father's.

In discussing this desire, the social worker pointed out that his returning to his father was dependent upon his father's finding work so that he would have money to look after him. This helped Philip to come to the conclusion which he stated to the worker, that as long as his father was disabled, he could not easily find work. This realization, in turn, helped Philip to accept the separation. In a later interview when the days were fewer in which Philip made excessive demands for the teacher's attention or had emotional upsets, the worker discussed with Philip the age he thought he was according to his behavior. Philip placed it below the school age. Together they came to the conclusion that boys his age, chronologically, were more grown-up than preschool children and did, in general, better work. The social worker gave him recognition for the pronounced improvement he had made during the seven months she had been seeing him, and in this, the final interview, he thought he could get by the rest of the year "on his own."

Evidence of improvement in the child's behavior may occur almost immediately, but several months are usually required to give the child the support he needs before the service of the school social worker can be terminated. The decision to terminate the casework relationship is arrived at by mutual agreement between the child and the worker. Sometimes the worker leads the way; at other times the child indicates he is ready to stand alone by announcing, as did Bobbie, "I won't be seeing you much longer; I'll be in grade 2B soon."

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From an Atlantic City Symposium on

THE SOCIAL PSYCHOLOGY OF EXCEPTIONAL CHILDREN: Part I

in terms of THE CHARACTERISTICS OF EXCEPTIONAL CHILDREN

MERRILL T. HOLLINSHEAD

(This is the first article in a three part series)

SINCE the publication of Barker, Wright, and Gonick's monograph: *Adjustment to Physical Handicap and Illness,* in 1946 (1), great attention has been focused upon interpretations of physical disability which stress the social and psychological aspects of adjustment. The research findings of Barker and his co-workers and the constructs which they projected have provided one of the first systematic attempts to present variations in physique in a framework of psychological theory. Earlier writers and investigators had set forth the dynamics of adjustment in disabled persons; one summary of these materials (1) cites some 15 attempts to account for the maladjustments which have been noted in individuals with a variety of handicapping conditions. Barker's contribution seemed to clarify many of the problems which had attracted the attention of other workers. His treatment of these problems is too well known to need extended exposition at this point. It will be sufficient to note that in his conceptualization the physically handicapped individual is best understood within the frame of reference of social psychology; specifically, the basic situations follow those set forth in the writings of Kurt Lewin. This point of view was summarized most succinctly by Meyerson, in 1948 when he stated that "a physical disability is simply a variation in physique upon which, ordinarily, we place a highly negative value" (9).

Without detracting from the validity of field-theory interpretations of the meaning of physical disability, and in the usefulness of this continued emphasis upon the social and psychological aspects of the problem, it must be acknowledged that there has been a corresponding lack of attention paid to physical manifestations and limitations, *per se.* It is true that somatopsychological research has paid careful attention to physique factors, in the sense of insisting upon adequate data on etiology, and on degree and onset of physical variations. However, such primary data have been utilized ordinarily to improve the experimental design, and to set the stage for securing adequate controls. Little attention has been given to the intrinsic physical limitation itself, excepting as it contributed to the isolation of somatopsychological relationships. The discussion which follows will attempt to support the thesis that there are significant life goals which may be only partially attained, or in some instances never attained, because of physical limitations and that these limitations are essentially non-social. This in no way implies that physical problems are of major importance in comparison with social and psychological problems; in fact, one could easily make out a good case, based upon research findings, for the greater importance of social and psychological problems. However, let us now consider some of the problems which seem to be directly related to physical limitations and restrictions.

Physical Limitations Problems

In the early differential diagnosis of cerebral palsied children, simple developmental schedules are frequently employed as a method of charting normal and abnormal growth patterns. Denhoff and Holden (4) have presented data on 10 developmental items in which 100 cerebral palsied children are compared with late-normal developing youngsters. The differences between the two groups range from 9 to 18 months on the 10 developmental indices, all differences being in favor of the late-normals. Examples are: CRAWLING—8 months for the late-normals as compared to 26.4 months for the cerebral palsied; SPEECH (single words)—12 months for the late-normals, compared with 27.1 months for the cerebral palsied. In a similar chart-

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ing of the ability to perform essential activity skills in the classroom, the writer, using Kelly and Harrison's check-list (7), compared a 7½ year old spastic paraplegic with the norms on 24 developmental items, ranging from year 1 to year 7. The child received a "normal" rating on 1 item; an "adequate" rating on 2 items; a "limited" rating on 8 items; a rating of "impossible without help" on 11 items; and a "no experience" rating on 2 items. This severely handicapped child approached normalcy in classroom skills in but 3 of the 24 items. The Denhoff and Holden items tap commonly accepted indices of physical growth, while the Kelly and Harrison scale looks at maturation in terms of functional activities demonstrated in classroom and home, such as toileting, self-help in eating and dressing, use of scissors, crayons, pencil and the like. The evidence from motor-age testing and from evaluations of functional behavior from these and other sources indicate that physical limitation alone, or in combination with mental limitation, are of primary importance in the child's inability to achieve simple goals.

Most studies of the social competence of deaf children have indicated that the mean SQ of this handicapped group is approximately 80. In Bradway's analysis of Vineland Social Maturity Scale scores on 92 pupils who attended the West Trenton, New Jersey School for the Deaf, the deaf were found to be inferior to the hearing in their performances on 86% of the items, in spite of the fact that successful accomplishment of many of these items would not seem to depend upon the ability to hear or to communicate through oral means (2). This suggests that the social retardation of the deaf, spelled out in terms of self-help, locomotion, communication and occupation, is a generalized retardation, and not exclusively related to the central problem of deafness, which is a communication problem. However, the most significant differential ratios which Bradway reported between deaf and hearing subjects were on items more evidently related to hearing, speech, reading, and writing. In other words, the greatest differences between the groups were in the communication area, an area which bears most directly upon the physical fact of deafness.

Turning to the disability of blindness, there is evidence that many adjustment problems of the visually handicapped emerge directly from the physical limitation *per se*. The most obvious restriction which blindness imposes is the inability to move freely in space toward perceived goals. Much has been written about the "facial vision" of the blind, and about the ability of blinded individuals to sense and to avoid physical obstacles. Meyerson (10) has summarized a number of studies in this connection, and the concensus of opinion and research findings is to the effect that the perception of obstacles by the blind is based almost entirely upon auditory cues. Travel-skills must be patiently taught to the visually handicapped, whereas a sighted person, without motor handicap, travels independently because of his natural ability to perceive objects and relationships in space. The need for the substitution of auditory for visual cures for space perception bears directly upon the physical fact of blindness. Lowenfeld (8) has described two additional basic restrictions in the lives of blind individuals which limit their pursuit of normal goals. They are the (a) restriction in the range and variety of concepts, and the (b) restriction in the control of the environment. Being deprived of visual cues, the blind must rely upon tactual, auditory, and kinesthetic perceptions for their understanding of the world. The form, size, and shape of objects may be perceived tactually, only through direct contact with objects. Other characteristics of objects, such as color and movement, may be perceived only through vision. Again, the "object quality" of visual experiences permits a sighted person to control his environment in ways which are not available to the blind. To see at a glance the crucial elements of the relationships between people and objects is denied to the visually handicapped. Both of these restrictions—in the range of concepts and in the control of the environment—are essentially non-social in their origins, and are imposed directly by the condition of impaired vision.

Intellectual and Perceptual Problems

Examples have been cited which describe the direct effects of physical limitation on the behavior of specific disability groups. Many of the problems of the physically handicapped arise from the difficulties which they encounter when they attempt to reach simple, primary goals involving self-help,

communication, and locomotion. In addition to these kinds of problems, other difficulties have been noted which concern the handicapped when they are involved in formal school-learning situations. One such difficulty arises from the limited functional intelligence possessed by certain handicapped children. Although the evidence is not clear-cut in all instances, studies of sizable populations of blind, deaf, and cerebral palsied children indicate that the percentage of these children falling within the superior and average classifications is smaller than in the general school populations, while the dull and borderline groupings are larger. Hayes (5) has shown that blind children are quite inferior to seeing children on vocabulary items, and deaf children fall down on items involving reasoning, vocabulary, and perception of social relationships. Bice (6) has presented evidence that the cerebral palsied are inferior in sub-test items on the Binet which involve responses to size, shape, and form. Relationships between test behavior and field behavior are not too clear in these disability groups, but what is quite clear is that with central nervous system involvement there often occurs a retardation in functional intelligence in relation to the successful accomplishment of school-learning tasks. Some of this observed retardation may well be interpreted in terms of restrictions in background experiences. In other cases, it would appear to emerge directly from sensory and neurological impairment.

A second difficulty which has been noted in certain handicapped groups relates to problems of perception. Reissenweber (14) has shown that brain-damaged subjects may have severe disturbances in the visual perception of form and space even though the ability to reason abstractly is not impaired. Cruickshank, Bice, and Wallen (3) have recently studied the responses of cerebral palsied and normal children on figure-background, tactual-motor, marble board, and maze tests. The cerebral palsied subjects were consistently inferior to normals in all of these relationships. Interpretations of such psychological deficits suggest that their occurrence is incident to organic brain damage.

Educational Considerations

Finally, there is the problem of cumulative educational retardation of physically handicapped children. Templin's evaluation of the spelling ability of deaf children indicated that normal and hard-of-hearing children were inferior to her deaf subjects. The favorable performance of the deaf was attributed to the greater amount of training in visual word perception and to the emphasis upon word drill which is often incorporated into educational programs for the deaf. With the exception of this finding, the deaf have ordinarily been found to be quite educationally retarded. Pintner (11) judged that an EQ of 70 expressed the relative retardation of the deaf child in the basic school subjects. Pugh (13), and Poulos (12) have reported on the inferior performances of deaf children in silent reading and arithmetic, respectively. Data from these three studies support the contention that educational achievement and age of onset of hearing loss are usually correlated, while Pugh's findings associate reading ability with amount of hearing loss. Educators of the deaf do not seem to doubt that the handicap of deafness *per se* is to a great extent responsible for these educational deficiencies.

Evidence on the educational retardation of the blind child has been reported by Hayes (5). Blind children read slowly, and show marked retardation in academic progress by the end of their elementary school training. Academic achievement is so dependent upon reading skill, which in normally sighted children is dependent upon vision, that the condition of blindness itself becomes a significant and direct factor influencing the educational development of this disability group.

Directions for Future Research

In conclusion, it must be pointed out that there is a lack of conclusive evidence of direct causal relationships between sensory, motor, and neurological deficits and the adjustment of physically handicapped children. Meyerson (10) has rightly cautioned against attributing observed differences between handicapped and non-handicapped subjects to intrinsic disability factors unless other important variables have been controlled. Turning this caution around, it might be equally pertinent for investigators to be wary of attributing similar differences to somato-psychological factors without carefully controlling the physical variations intrinsic in the disabling conditions. The material presented in this paper leans heavily upon clinical evidence and upon the professional judgments of educators. It suggests that perhaps it may be fruitful to assess the role of physical factors in the social adjustment

of exceptional children. These factors, by virtue of their accessibility to measurement and quantification, provide a most reliable source of criterion data.

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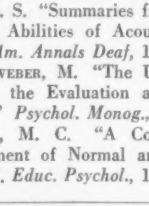

November 15–26

SUPPORT NATIONAL RETARDED CHILDREN'S WEEK

Reprints

On the education and care of exceptional children

Blind Youngsters in Nursery Schools and Kindergartens. Margery Cutsforth. Oct. 1957. Differential Effects of Total Blindness and Partial Sight on Several Personality Traits. Herbert Greenberg and Sidney Jordan. Nov. 1957. Both of these articles are contained in one 11-page reprint. 30¢

The Changing Picture in the Education of Children with Crippling Conditions and Special Health Problems. Joseph Fenton and Frances P. Connor. Feb. 1959. 9 p. 30¢

The Four IQ's. Edgar A. Doll. Oct. 1957. 3 p. 18¢

Helping the Left-Handed Child. A. Clare Hume. Apr. 1951. 4 p. 15¢

How Johnny Learns to Read. Samuel A. Kirk and Winifred D. Kirk. Jan. 1956. 3 p. 15¢

Problems of Parents of Handicapped Children. Harold A. Greenberg, M.D. Oct. 1950. 8 p. 20¢

Workshops and Occupational Education Programs for the Mentally Retarded. Edgar A. Doll. Sheltered Workshops for Mentally Retarded. Edgar A. Doll. Sept. 1958. Occupational Education for the Adolescent Mentally Deficient in a School Program. Oct. 1958. Both articles are contained in this one 6-page reprint. 20¢

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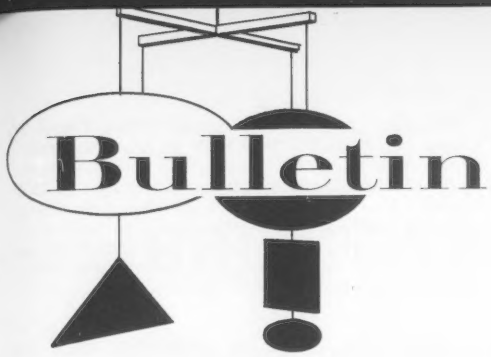


CEC Membership News

To date, 13,775 life, regular, and student members are participants in the Council's program. This total membership figure for 1959 represents a gain of approximately 1600 over the number enrolled for 1958.

Contributing greatly to the growth of the Council are the newly organized local chapters. Recent additions to the CEC family include:

No. 273 Jacksonville #2 (reorganized), Florida
No. 346 Western Michigan University Student Chapter, Michigan
No. 349 Upper Cumberland Chapter, Tennessee
No. 350 Carlsbad Chapter, New Mexico
No. 351 Canal Zone Chapter, Canal Zone

It is our privilege to welcome 62 CEC life members who have enrolled since our last report:

LIFE MEMBERS

Rosa Cliett Adams
Nicholls, Georgia

Esther M. Atkins
Fleming, Colorado

Willie Kate Baldwin
Elizabeth, New Jersey

Virginia G. Baird
Atlanta, Georgia

Bernice B. Baumgartner
New York, New York

Patricia Y. Belcher
Athens, Georgia

Roberta Bergmann
Philadelphia, Pennsylvania

Sadye Tune Brooks
Nashville, Tennessee

Hester C. Burbridge
Evanston, Illinois

Ruth D. Burch
Rock Island, Illinois

Margaret O. Bynum
Atlanta, Georgia

Lee Roy D. Campo
Baton Rouge, Louisiana

Elizabeth A. Cary
Atlanta, Georgia

Jean Jordan Clemons
Savannah, Georgia

Mary E. Corlett
Jacksonville, Illinois

Nelle C. Dabney
Kansas City, Missouri

Adrian J. Durant, Jr.
Clayton, Missouri

Stella A. Edwards
Versailles, Kentucky

J. Dixon Emswiler
St. Cloud, Minesota

Margaret D. Emswiler
Austin, Texas

James Foshee
Donelson, Tennessee

Roberta E. Ghertner
Berkeley, California

Ruth E. Green
Branson, Missouri

Norris G. Haring
College Park, Maryland

William B. Harrison
Jacksonville, Illinois

Loetta L. Hunt
Columbus, Ohio

Dan S. Jackson
Greensboro, North Carolina

R. W. Knight
Morgantown, West Virginia

Isabel Lasser
Joliet, Illinois

Sarah Lawson
Knoxville, Tennessee

F. Arthur Lown
Atlanta, Georgia

Myrtle F. McGinnity
Paterson, New Jersey

Warren O. Mendenhall
Santa Anna, California

S. Ellen Mitchell
Long Island, New York

Walter M. Mitchell
Johnson City, Tennessee

B. Jack Neas
Nashville, Tennessee

Delilah Newell
Jacksonville, Illinois

Alice S. Noel
Nashville, Tennessee

Bobby E. Palk
Nashville, Tennessee

George M. Olshin
Decatur, Georgia

Anne K. Palmer
Savannah, Georgia

James E. Popovich
Athens, Georgia

E. Milo Pritchett
East St. Louis, Illinois

B. Delores Roberts
Louisville, Kentucky

Adeline Black Robinson
Nashville, Tennessee

Gail M. Seitz
Detroit, Michigan

Louise S. Sinderson
Joliet, Illinois

Lurlyne Smith
Broxton, Georgia

Howard H. Spicker
Nashville, Tennessee

Mrs. T. R. Stewart
Alma, Georgia

Mrs. B. A. Sugg
Helena, Arkansas

Madelyn M. Sullivan
Cranston, Rhode Island

Jessie M. Summers
Rockford, Illinois

Glenn A. Vergason
Decatur, Georgia

Mary M. Washington
Washington, D. C.

Bill E. Weaver
Statesboro, Georgia

Lodene Wells
Manchester, Missouri

Julia Anna White
Macon, Georgia

Wilberta L. Woods
Boston, Massachusetts

Daniel Woolf
New York, New York

Mrs. Roberts Peddy Wright
Nashville, Tennessee

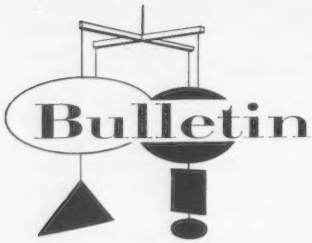
Lyndall D. Zimmerman
Springfield, Illinois

COMMITTEE ON REORGANIZATION MEETS IN WASHINGTON

William C. Geer, chairman, and his CEC Committee on Council Reorganization met September 26 and 27 in Washington. The two days were spent working on ways of increasing the Council's effectiveness through revision of its constitution and bylaws. Mr. Geer during the period of his chairmanship, has, in various ways, contacted the membership in search of suggestions. He appreciates all ideas received to date. They have been most helpful.

Other members of the committee are Kuhn Barnett of the State Department of Education for Virginia; CEC President-elect Jack Birch, University of Pittsburgh; CEC Past President Lloyd M. Dunn, George Peabody College for Teachers, Nashville; CEC President Ivan K. Garrison, Jacksonville Public Schools, Illinois; and CEC Executive Secretary Harley Z. Wooden, Washington, D. C.

The group completed a rough draft of the constitution and is now working on the bylaws. When completed the two documents will undergo further review by various Council members before being submitted to the delegate assembly for consideration and adoption.



Treasurer Gates Reports to the Governing Board

Council accrued income for 1958-59 was $1300 less than estimated in the budget. Two items were short—publication sales by about $1350 and the cash grant by $4000. All other accrued income exceeded the budget estimates.

Accrued expenditures were about $4000 less than budget estimates, exclusive of inventory considerations. Inclusive of the reduction in inventory, expenditures came within $2800 of original estimates.

Looking at the problem another way, the budget adopted in Kansas City anticipated a $10,000 deficit for 1958-59. The actual accrued deficit including both the operating and contingency funds (with inventories considered) amounted to about $8500.

The cash receipts exclusive of life memberships, amounted to $116,394.22 of which $11,637.97 was for 1957-58 accounts receivable and $104,756.25 for 1958-59 business. Cash disbursements during the year amounted to $117,324.28 of which $7,106.36 was to cover 1957-58 bills payable and $110,217.92 to cover 1958-59 business.

The facts presented above and the figures that follow testify to the growing financial problems with which the Council has been faced in recent years. The governing board and delegate assembly upon contemplating them, realized that without prompt and courageous action they meant a steady reduction of services in this period of inflation.

Therefore, it was their decision not only to prevent the Council's program from being shifted into reverse, but to put it back onto the road, in forward gear. With new problems arising in rapid succession, on all levels of service, we have a long way to go professionally, in finding and promoting adequate ways of solving them.

The Council possesses four accounts, all of which are on deposit with the NEA division of accounts. They consist of:

Regular Operating .....Account No. 160-26
Contingency .....Account No. 160-26C
Life Membership .....Account No. 160-26D
Securities (U.S. Bonds)..Account No. 160-26E

The securities account consists of investments from part of the life membership receipts, plus interest received to date.

Following are a few excerpts from Treasurer Gates' report to the board. It presents the year's business on an accrual basis. This amounts to the *cash* transactions for the period June 1, 1958, through May 31, 1959—minus the cash transactions covering business that belongs either to past or future years—plus bills payable and receivable for 1958-59 business. To complete the picture, differences in inventory are also presented.

I. BUDGET VERSUS INCOME AND EXPENDITURES, FISCAL YEAR JUNE 1, 1958-MAY 31, 1959

(Computed on an accrual basis, exclusive of inventories)

1. Income	1957-58	Budget 1958-59	1958-59
Membership [1]	$59,875.95	$ 65,400.00	$ 67,480.05
Subscriptions	7,206.22	8,200.00	8,086.26
Grants	7,000.00	7,000.00	
			3,000.00
Publication sales	3,871.65	6,000.00	4,649.93
Journal advertising	4,033.41	3,900.00	4,827.90
Mailing list sales	929.52	800.00	353.89
Conventions	16,882.93	16,200.00	16,481.88
Miscellaneous	170.46	..	1,337.70
TOTAL	$99,970.14	$107,500.00	$106,217.61

[1] Exclusive of life memberships

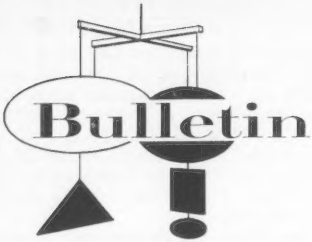
2. Expenditures			
Salaries and benefits	$ 38,768.67	$ 57,700.00	$ 55,101.04
General administration	9,955.33	8,500.00	10,233.60
Mailing list sales	591.41	500.00	143.77
Journal	25,497.34	27,500.00	26,729.20
Special Publications	4,387.51	5,000.00	2,763.23
Conventions	14,713.53	12,300.00	11,697.11
State advances and aid	5,847.25	6,000.00	6,816.82
Sub-total	99,761.04	117,500.00	113,484.77
Reserve for income non-expendable through 160-26 Transferred to 160-26C and 160-26D	927.96	..	1,631.05
TOTAL	$100,689.00	$117,500.00	$115,115.82

II. COMPARISON OF ACCOUNT 160-26 AT START AND CLOSE OF 1958-59 FISCAL YEAR

Item	June 1, 1958	May 31, 1959
Cash balance	$2,266.26	$ 105.13
Cash advances	682.37	396.00
Accounts receivable	11,637.97	1,434.86
Gross assets of the account	$14,586.60	$1,935.99
Accounts payable	— 7,148.23	—3,266.85
Net assets of the account	$ 7,438.37	—$1,330.86

III. COMPARISON OF INVENTORIES AT START AND CLOSE OF 1958-59 FISCAL YEAR

Item	June 1, 1958	May 31, 1959
Books and pamphlets	$2,075.02	1,377.84
Reprints	1,321.13	1,421.75
Selected References	100.32	39.82
Journals	420.00	360.00
Printed forms and literature	53.98	8.11
Membership pins, buttons, & charms	..	95.50
Badge holders	178.50	115.50
Stationery	858.56	566.36
Office Equipment	746.00	596.80
TOTAL	$5,753.51	$4,581.68



IV. COMPARISON OF TOTAL ASSETS AT START AND CLOSE OF 1958-59 FISCAL YEAR

Assets	June 1, 1958	May 31, 1959
Cash balance, all accounts	$ 9,253.47	$ 9,688.68
Investments,		
U. S. Treasury bonds	1,843.75	2,704.00
Petty cash fund	15.80	19.82
Cash advances	682.37	350.00
Accounts receivable	11,637.97	1,461.36
TOTAL GROSS ASSETS	$23,433.36	$14,223.86
Less: Accounts Payable	—7,148.23	—3,266.85
	$16,285.13	$10,957.01
Inventory	5.753.51	4,581.68
TOTAL NET ASSETS	$22,038.64	$15,538.69

V. OFFICIAL AUDIT

1. *Letter of July 8, 1959.* From the auditing firm of Price Waterhouse, 1000 Vermont Avenue, Washington, D. C., addressed to President Ivan K. Garrison, reads as follows:

   "In our opinion, the accompanying statements summarize fairly the recorded cash receipts and disbursements of The Council for Exceptional Children for the years ended May 31, 1959 and May 31, 1958 and its operating and life membership fund balances at those dates. Our examination of these statements was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary."

2. *Auditor's financial statement*

   The cash receipts, disbursements, and balances for the fiscal year, just closed, as set forth in the auditor's report, agree respectively, with the cash receipts, disbursements and balances presented for the same period in this report.

CEC AND OTHER GROUPS

President Garrison represented CEC at a conference of the National Foundation held in New York City, September 23-25. The purpose of the conference was to share information on scientific research in many aspects of exceptionality, to demonstrate new techniques in the team approach to problems of chronic disease, and to seek counsel from the many professional, lay, civic, service, and fraternal groups present.

Norris Haring and Frances Connor represented CEC at the meeting of the Council on Cooperation in Teacher Education.

Geneva Ely Flickinger and Elizabeth Goodman were CEC representatives at the Citizenship Conference held recently.

Dorothy A. Stults of Chicago attended the National Safety Congress as a representative of the Council.

John McCormick was CEC's participant at a meeting of the National Commission on Accrediting and the National Council for Accreditation of Teacher Education.

Other Groups

N. Y. HOLDS STUDY WORKSHOP FOR CONGRESSIONAL HEARINGS

A Special Education and Rehabilitation Study Workshop was held in New York City, October 27-28, in connection with the first of a series of hearings to be conducted by the House sub-committee on special education. The objective of the workshop was to identify specific needs as they exist in special education and rehabilitation and to obtain recommendations for federal legislation needed to meet these needs. All participants are from New York state. Co-chairmen for the various workshop sections were:

THE BLIND

Peter Salmon, Industrial Home for the Blind, Brooklyn
Eber L. Palmer, N. Y. State School for the Blind, Batavia

EMOTIONALLY DISTURBED

Dave Salten, Public Schools, Long Beach
Philip Wexler, New York State Department of Mental Hygiene, Albany

GIFTED

Madeline Coutant, Programs for Gifted, Board of Cooperative Educational Services, Yorkville
Morris Meister, Bronx Community College, Bronx

MENTAL RETARDATION

Chris J. DeProspo, College of the City of New York, and Past President, American Association on Mental Deficiency
Ignacy Goldberg, Special Research Project on Mental Retardation, Teachers College, Columbia University, N.Y.C.

HEARING DISABLED AND SPEECH IMPAIRED

Moe Bergman, Speech and Hearing Clinic, Hunter College
Clarence O'Connor, Lexington School for the Deaf, N.Y.C.

NEUROLOGICAL AND ORTHOPEDIC IMPAIRMENTS

Martin McCavitt, United Cerebral Palsy Association of New York City
George Zuckerman, Child Welfare Division, N.Y.C. Board of Education

CHRONICALLY ILL AND DISABLED

Frances P. Connor, Teachers College, Columbia University, N.Y.C.
Leonard Pollicoff, M.D., Physical Medicine and Rehabilitation Albany College of Union University, Albany Hospital, Albany

LIMITED VISION

Helen Fields, Bureau for the Education of Visually Handicapped Children, N.Y.C. Board of Education
Helen Gibbons, National Society for Prevention of Blindness, N.Y.C.

The workshop was organized by Joe Fenton, New York State Regional Consultant for the Special Study, with the assistance of an advisory

committee composed of Leonard Mayo, Adrian Levy, Salvatore G. Di Michael, Gunnar Dybwad, Willis Gorthy, Leo Connor, and M. Robert Barnett. Elena Gall of Hunter College will have responsibility for other workshops that may be held in conjunction with hearings elsewhere in the nation.

HOUSE STUDY NAMES STAFF

Merle E. Frampton, director of the Special Education and Rehabilitation Study of the Subcommittee on Special Education of the U.S. House of Representatives' Committee on Education and Labor has announced the following staff appointments: (*Also see p. 89 of the October issue of EXCEPTIONAL CHILDREN.*)

Robert Gates, of Tallahassee, Florida, as assistant director

Elena D. Gall, of Hunter College, N.Y.C., as assistant to the director

Alice B. Hartman of New Haven, Connecticut, as assistant to the director and legal counsel

Augustine Regis Kelley, Greensburg, Pennsylvania, as assistant to the director and special legislative consultant.

Dr. Frampton stated that additional personnel would be added to the staff as the Study progressed.

INDEX ON SPEECH AND HEARING

A National Index on deafness, speech, and hearing has been established at Gallaudet College as a joint effort by the college and the American Speech and Hearing Association. Work on the Index will be speeded by a grant of $10,950 to ASHA by the U. S. Office of Vocational Rehabilitation.

The purpose of the National Index is to index and abstract all professional literature pertaining to deafness, speech and hearing and to make this material readily available to all interested persons. Present, future, and all relevant past literature will be included.

Serving on the Board from Gallaudet College are Stephen P. Quigley, director of the National Index and abstract all professional literature pertaining George Detmold; and Powrie V. Doctor, editor of the *American Annals of the Deaf*. ASHA Board members are Kenneth O. Johnson, executive secretary of ASHA; Wendell Johnson, editor of the Association; and Mack D. Steer, director, Speech and Hearing Clinic, Purdue University, Indiana.

A quarterly journal of abstracts of current literature; and an index of past literature will be issued. Abstracting of current literature will begin on January 1, 1960.

PL 85-926 PROGRAM ANNOUNCES GRADUATE FELLOWSHIPS

Commissioner of Education Lawrence G. Derthick announced the allocation of 150 graduate fellowships to the 50 state educational agencies and 14 universities in a move to increase the number of leaders in the education of mentally retarded children. The fellowships were made possible under a $1 million appropriation by Congress in July, 1959, for the purpose of carrying out the objectives of Public Law 85-926.

This program for the professional preparation of leadership personnel in educating mentally retarded children is separate from the Graduate Fellowship provisions of the National Defense Education Act.

Of the 150 fellowships, two were allocated to each of the 50 state educational agencies for the purpose of assisting the agencies in training personnel to act as supervisors of teachers of mentally retarded children. The remaining 50 fellowships were allocated to 14 universities to train professional personnel to conduct the training of future teachers of such children.

The Office of Education has granted four fellowships to each of eleven institutions of higher education and two to each of the other three. Those receiving four fellowships are:

Colorado State College, Greeley, Colorado; University of Illinois, Urbana, Illinois; Wayne State University, Detroit, Michigan; University of Minnesota, Minneapolis, Minnesota; Teachers College, Columbia University, New York, New York; Syracuse University, Syracuse, New York; Ohio State University, Columbus, Ohio; University of Pittsburgh, Pittsburgh, Pennsylvania; Pennsylvania State University, University Park, Pennsylvania; George Peabody College for Teachers, Nashville, Tennessee; University of Wisconsin, Madison, Wisconsin.

Those granted two fellowships are:

San Francisco State College, San Francisco, California; University of Georgia, Athens, Georgia; Newark State College, Union, New Jersey.

A group of educators served as consultants to Commissioner Derthick in reviewing the applications for fellowships from institutions. Members of this consultant group are:

CHAIRMAN—Francis W. Doyle, Deputy Superintendent and Chief, Division of Special Schools and Services, California State Department of Education, Sacramento, California.

Clair W. Burgener, Chairman, Education Committee of National Association for Retarded Children, San Diego, California.

Ray Graham, Director, Division of Special Education, State Department of Public Instruction, Springfield, Illinois.

Samuel A. Kirk, Director, Institute of Research for Exceptional Children, University of Illinois, Urbana, Illinois.

John J. Lee, Chairman, Department of Special Education and Vocational Rehabilitation, Wayne State University, Detroit, Michigan.

Elizabeth M. Kelly, Assistant Superintendent in Charge of Special Services, City Public Schools, Newark, New Jersey.

Chris J. De Prospo, Assistant Professor, The City College, New York, New York.

H. Arnold Perry, Dean of Education, University of North Carolina, Chapel Hill, North Carolina.

Gertrude Barber, Assistant Superintendent, Department of Special Education, City School District, Erie, Pennsylvania.

PRELIMINARY SCREENING METHODS *in the identification of* INTELLECTUALLY SUPERIOR CHILDREN

JACK A. CHAMBERS

THE STUDIES reported here represented an attempt by the Psychological Services Division of the Lansing, Michigan, Public Schools, to cope with the problem of efficiently and effectively identifying children of superior intellectual abilities for placement in an enriched educational program.

The initial decision was made that only the upper five percent of the children, on an intellectual basis, would be included in a special program. This decision was based on two factors: (1) a purely economic consideration in that money was available for only a limited amount of teaching time; and (2) it was believed that this group would receive, in a regular classroom, the least adequate stimulation from teaching pitched essentially at the average or near average level.

It was also decided to admit children to the program on the basis of an individually administered test of intelligence rather than on school grades, etc., because it was believed that this was the most objective single measure of learning ability or potential that could be obtained. The Wechsler Intelligence Scale for Children was chosen, after careful consideration, as the individual intelligence test which every child would receive. Since a WISC Full Scale IQ score of 125 cut off the upper five percent, this was chosen as the minimum acceptable score for admission to the program. The grade level established as the lowest at which children would be admitted to the program was the fourth grade.

With these basic plans, screening was begun on children referred by teachers, principals, or parents. After two years of such testing, a survey was made, and it was found that for each child who was referred, tested, and scored at or above the minimum admission score of 125, four others were referred, tested, and failed to meet this requirement. Since administration of a WISC Full Scale requires approximately one-and-a-quarter hours, a total of six-and-a-quarter hours of testing time was being spent in identifying one "intellectually superior" child who met the desired criteria.

From the results of this survey it was obvious that some pre-screening devices were needed in addition to teacher, principal, and/or parent recommendation. Group intelligence tests were considered, and the research literature was investigated, relevant to the correlations between the WISC and group tests of intelligence. Studies were found which purported to measure the relationship between the WISC and the California Mental Maturity Test (1, 2), the SRA Primary Mental Abilities (4), and Raven's Colored Progressive Matrices (5). Although all of these studies were carefully done and showed considerable relationship between the WISC and the various group tests (r's ranged from .77 for the CMMT to .91 for the Progressive Matrices), the mean group IQ's for all studies were in the average or dull normal range of intelligence. Since the problem at hand was to differentiate intellectually superior children from those of average or slightly above average intelligence, these studies, then, seemed completely inadequate.

A study which was related, although based on the Stanford-Binet rather than the WISC, was that done by Pegnato and Birch (6). In this study the authors compared a number of pre-screening devices as to their efficiency and effectiveness in identifying "gifted" junior high school children (the ultimate criterion of "giftedness" being a score of 136 or higher on the Stanford-Binet). They defined "efficiency" of a screening procedure as the ratio between the total number of children it refers for individual examination and the number of gifted children found among those referred. If a pro-

• JACK A. CHAMBERS is a staff member of the Division of Psychological Services, Board of Education, Lansing, Michigan.

cedure refers 10 children, for example, and nine of them are found ultimately to be gifted, its efficiency is 90 percent. "Effectiveness," on the other hand, was defined by the percentage of gifted children a screening procedure locates. If it locates all the gifted children in a sample, it is 100 percent effective. The best screening methods, therefore, are those which combine high effectiveness and high efficiency. In their study, a combination of the Otis Quick-Scoring Mental Ability Test, Beta Form, and the Metropolitan Achievement Tests resulted in the best combination of efficiency and effectiveness (6).

Taking into consideration the above information, it was decided to investigate the problem of concern on a statistical basis, the first step being limited to an examination of various pre-screening methods with an elementary school population. The over-all research design was suggested by decision theory as outlined by Cronbach and Gleser (3), and Pegnato and Birch's concepts of efficiency and effectiveness (6) as criteria in the selection of pre-screening devices was also adopted for use.

STUDY I

This study was designed to investigate the relationship between the WISC and various group tests of intelligence at the upper IQ levels.

Method

Subjects—The subjects were divided into two groups with a total N of 39.

Group I consisted of 22 children making up a third grade class at one of the Lansing Elementary Schools. The median WISC Full Scale IQ of this group was 110, with a range from 88 to 138. It contained 10 boys and 12 girls.

Group II was composed of 17 children ranging from grades three through six (chronological ages of 7-11 through 11-6, with median age of 10-10), all of whom had WISC Full Scale IQ's of 125 or over, and all of whom were enrolled in the special education program for the intellectually superior child. The median WISC Full Scale IQ of this group was 131, with a range from 125 to 148. It contained 10 boys and 7 girls.

Tests—The tests used in the study were: (1) the Wechsler Intelligence Scale for Children; (2) the SRA Primary Mental Abilities, Elementary Form; (3) the Kuhlman-Anderson, Forms D and F; (4) the IPAT (Cattell's Test of g: Culture Free), Scale 2, Form A; and (5) the California Mental Maturity Test (Short Form), Primary and Elementary Forms.

Procedure—Each subject was first administered the Wechsler Intelligence Scale for Children. Group I was then administered the group tests of intelligence, the different tests being administered at one day spaced intervals. The tests were administered in the following sequence: (1) the IPAT test; (2) the Kuhlman-Anderson test; (3) the SRA Primary Mental Abilities test. Group II was then administered the tests in reverse order, at one day spaced intervals, in several small sub-groups of 10 or less. Form D of the Kuhlman-Anderson was used with Group I and the first sub-group of Group II. It was found to have negligible results with Group II (mainly because the mean chronological age of the group was higher than that of Group I, and the "ceiling" of the test proved to be too low for this group), and Form F was therefore used with the remainder of Group II.

The California Mental Maturity Test is used as the standard group intelligence test administered to all children in the Lansing Public Schools. Although test scores were available for the children, and the results included in the analysis to follow, it should be kept in mind that research conditions were not held constant for this test since it was administered, usually, one or more years prior to the study, and since the tests were administered and scored by many different individuals (usually the teachers or principals of the children concerned). This test is administered to the children during the second, fourth, and sixth grades, the Primary Form being used in the second grade, and the Elementary Form in the fourth and sixth grades. In all cases, the test score reported and used in this study represented the most up-to-date administration. In the case of Group I, the scores therefore represented the second grade administration, while with Group II they represented primarily the fourth grade administration.

Results

The data from Group I were examined relevant to the number of non-intellectually superior children (WISC Full Scale IQ of 124 or less) who would be misclassified on the basis of a cutoff score representing the highest score on a given test which

would include all children classified as intellectually superior (WISC Full Scale IQ of 125 or over). Thus, the effectiveness of each screening procedure was established at 100 percent, and the efficiency of each was then determined. The results are given in Table 1. It can be seen from this table that the SRA Primary Mental Abilities test and the Kuhlman-Anderson test, Form D, showed the most promise.

Table 1. APPLICATION OF CUTOFF SCORES WITH RESULTING EFFECTIVENESS AND EFFICIENCY OF SCREENING INSTRUMENTS, GROUP I

	WISC	*PMA*	*IPAT*	*K-A* Form D	*CMMT*
CUTOFF SCORE	125	124	111	118	108
EFFECTIVENESS	100	100	100	100	100
(Percentage of Intellectually Superior Children Located)					
EFFICIENCY	100	80	50	57	44
(Ratio of No. Selected by Screening to No. Identified as Intellectually Superior, in Percent)					

Note—Total N equaled 22, including four intellectually superior children.

The data from Group II were examined by applying the cutoff score developed from Group I data and determining the percentage of intellectually superior children who would be misclassified (i.e., the effectiveness of the screening instruments were determined). It became evident from this analysis that the data, to be most meaningful, had to be classified according to chronological age. This was done by dividing Group II into two parts, one including children from CA 7-11 through 10-11, the other including children from CA 11-0 through 11-6. The second change that was made was to lower the cutoff score on the Primary Mental Abilities test from 124 to 117, a step which resulted in lowering its efficiency from 80 percent to 57 percent. The results of the analysis are given in Table 2.

By examining the results from both tables, it can be seen that the Primary Mental Abilities, Elementary Form, showed itself to be the test most worthy of consideration, for use for the described purpose. Of all those tests considered, the IPAT's efficiency and effectiveness represented the poorest combination, while the efficiency of the California Mental Maturity Test was too low to make it worthy of consideration as a screening instrument. The Kuhlman-Anderson results seemed promising for Form F, but were based on too small a sample to warrant any major conclusions to be drawn. Form D, as

Table 2. APPLICATION OF CUTOFF SCORES WITH RESULTING EFFECTIVENESS OF SCREENING INSTRUMENTS, GROUP II

	WISC	*PMA*	*IPAT*	*K-A* Form D	*K-A* Form F	*CMMT*
CA 7-11—10-11						
CUTOFF SCORE	125	117	111	None	118	108
EFFECTIVENESS	100	91	64		100	100
(Percent of Intellectually Superior Children Located)						
CA 11-0—11-6						
CUTOFF SCORE	125	112	111	None	113	104
EFFECTIVENESS	100	83	67		100	100
(Percent of Intellectually Superior Children Located)						

Note—N equaled 11 between CA 7-11 and 10-11 and six between 11-0 and 11-6.

noted, was inadequate when applied to an older age group, and resulted in the misclassification of all but one child when administered to one of the subgroups of Group II.

The SRA Primary Mental Abilities test, Elementary Form, then, was found to be the best of the tests investigated for the purpose at hand, in that it resulted in the most desirable combination of effectiveness and efficiency. Using a cutoff score of 117, with children below the age of 11-0, its effectiveness was found to equal 91 percent and its efficiency 57 percent. This indicated that nine percent of intellectually superior children would be misclassified along with 17 percent of non-intellectually superior children. Finally, its effectiveness was 83 percent when used with children ages 11-0 through 11-6 (using a cutoff score of 112). These latter results, however, were based on too small a sample to warrant drawing any major conclusions.

STUDY II

This study was designed to increase the efficiency of the prescreening methods by reducing the percentage of non-intellectually superior children misclassified on the basis of the SRA Primary Mental Abilities test.

Method

Subjects—Subjects were divided into two groups with a total N of 41.

Group III consisted of 21 intellectually superior children (WISC Full Scale IQ's of 125 or higher). The median WISC Full Scale IQ of the group was 131 with a range from 125 to 139. It contained 12 girls and nine boys.

Group IV was made up of 20 non-intellectually superior children (WISC Full Scale IQ's of 124 or lower). The median WISC Full Scale IQ of the group was 117 with a range from 106 to 123. It contained 12 girls and eight boys.

The chronological age range of both groups was approximately 8-0 through 11-6. Each child in both groups had been referred by teacher, principal, or parent for testing as a possible candidate for a special education program for the intellectually superior child; each had been administered the SRA Primary Mental Abilities test, Elementary Form; and each had received a score of 117 or over (if CA was 10-11 or younger) or 112 or over (if CA was between 11-0 and 11-6 inclusively).

Tests—The Wechsler Intelligence Scale for Children and the SRA Primary Mental Abilities, Elementary Form, were the only tests used.

Procedure—The subjects were recommended for testing by teacher, principal, or parent, and were administered the Primary Mental Abilities test in small groups. Those who achieved the cutoff scores or higher (as indicated above) were administered the Wechsler Intelligence Scale for Children.

Results

The data were analyzed by computing a score for each person based on the sum of the weighted scores of the four subtests of the WISC entitled *Vocabulary, Information, Block Design,* and *Similarities.* The median of these scores was computed for each group, as was the number of non-intellectually superior children who would be misclassified on the basis of a cutoff score which represented the highest possible score which misclassified no intellectually superior children. As in Study I, the effectiveness of the screening instrument was established at 100 percent, and the efficiency was then determined. The results of the analysis are given in Table 3.

Table 3. MEDIAN IQ AND VIBS SCORE, AND APPLICATION OF CUTOFF SCORES WITH RESULTING EFFECTIVENESS AND EFFICIENCY, AND PERCENTAGE MISCLASSIFIED, GROUPS I AND II

	GROUP I	*GROUP II*	*COMBINED GROUPS*
MEDIAN IQ	131	117	125
MEDIAN VIBS SCORE	58	52	53
CUTOFF SCORE	53	53	53
EFFECTIVENESS *(Percent of Intellectually Superior Children Located)*	100		100
EFFICIENCY *(Ratio of No. Selected by Screening to No. Identified as Intellectually Superior, in Percent)*	100		72
PERCENTAGE MISCLASSIFIED	0	40	40
N	21	20	41

It can be seen that if the four subtests (VIBS) of the WISC are administered to those who pass the Primary Mental Abilities before administering the Full Scale WISC, 60 percent of the non-intellectually superior children will be eliminated using a cutoff score of 53 (efficiency of 72 percent) while none of the intellectually superior children will be eliminated (effectiveness of 100 percent). Since the VIBS subtests require only about one-half hour to administer, the saving in testing time can be seen to be considerable.

Discussion

These two pre-screening devices, the administration first of the Primary Mental Abilities test followed by the VIBS subtests of the WISC, have been adopted by the Division of Psychological Services of the Lansing Board of Education for use in identifying intellectually superior children, and have resulted during the past year in the saving of a considerable amount of testing time.

An example might help to clarify just how much time could be saved by the use of these pre-screening devices. If, for example, 500 children aged 8-0 through 10-11 were referred for testing as possible candidates for a special education program for the intellectually superior child, this would mean, according to the survey previously mentioned in this paper, that of this 500, 400 would be classified as non-intellectually superior, and 100 would be classified as intellectually superior if all were administered the WISC individually. This would require, using no pre-screening other than the recommendation for testing, a total of 625 hours of testing time (counting one-and-a-quarter hours per WISC administration). If the pre-screening devices described in this paper were applied, however, the following results would be obtained: (1) the Primary Mental Abilities screen would misclassify nine of the 100 intellectually superior children, but would correctly classify (and thus eliminate from further consideration) 332 of the 400 non-intellectually superior children; (2) the remaining 68 non-intellectually superior children plus the 91 intellectually

superior children would then be administered the VIBS subtests of the WISC; (3) the VIBS would misclassify none of the 91, but would eliminate from further consideration 41 of the 68 non-intellectually superior children; and (4) the 27 remaining in this group plus the 91 intellectually superior children would then be administered the WISC Full Scale, at which time the 91 would finally be correctly differentiated from the remaining 27.

Translated into testing time, this would mean that using both pre-screens a total of 188 hours of testing time would be needed (counting one hour per each 25 children administered the PMA, one-half hour for each VIBS administration, and three-fourths of an hour for each WISC administration, since each child who received the WISC Full Scale would have previously received the VIBS subtests, and thus have accounted for one-half hour of the total one and a quarter hours of testing time). This would have the positive advantage of saving 437 hours of testing time, but would also have the negative aspect of misclassifying nine of the 100 intellectually superior children. This saved testing time could be used, however, to provide psychological services to more schools than would otherwise be possible, and in many cases, would certainly more than counterbalance the effects of misclassifying a small percentage of children.

One final comment might be in order here, referring to Pegnato and Birch's finding (6) that teacher recommendation was not an effective screening method. This method has shown itself to be effective in the Lansing schools as an initial screening device in that it has resulted in the classification of approximately seven percent of the fourth, fifth, and sixth grade student bodies in four elementary schools as intellectually superior. Since the WISC score used as the basis of classification cuts off the upper five percent of children on a national sample, it would seem that teacher recommendation is effectively identifying the majority of intellectually superior children. This is strengthened by the fact that the schools represent both above and below average socio-economic neighborhoods in roughly equal amounts. The discrepancy between this finding and that of Pegnato and Birch (6) may be due, of course, to the greater amount of time each teacher spends with the children in her class in a grade school setting, as compared to the relatively brief contacts between teacher and pupil in junior high school.

Summary

The studies described in this paper represented an attempt to cope with the problem of efficiently and effectively identifying children of superior intellectual abilities. With the adoption of the Wechsler Intelligence Scale for Children as the official instrument for use in identifying these children, and the acceptance of the Full Scale score of 125 as the score differentiating intellectually superior from non-intellectually superior children, the problem resolved itself into one of finding group tests or other such measures which would correlate highly with the WISC at the upper IQ levels and which could be used as pre-screening devices for reducing testing time.

In the first study described, several group tests of intelligence were administered to two groups of children (one a third grade class, the other made up entirely of intellectually superior children of elementary school age). The results were compared with the children's performance on the WISC. The Primary Mental Abilities Test, Elementary Form, was found to result in the most desirable combination of effectiveness and efficiency.

The second study was designed to increase the efficiency of the pre-screening methods by reducing the percentage of non-intellectually superior children misclassified on the basis of the Primary Mental Abilities test. In this study, the performance of two groups of elementary school children on the VIBS subtests of the WISC was compared to their performance on the WISC Full Scale (both groups having "passed" the PMA screen, one group going on to score 125 or over on the WISC Full Scale while the other group represented those who scored under 125 on the WISC). It was found that 60 percent of the non-intellectually superior children who had "passed" the PMA screen could be eliminated (without eliminating any of the intellectually superior children) by using the VIBS subtests as a screen following the PMA screen, before administering the WISC Full Scale.

The writer illustrated the amount of time that could be saved through use of these pre-screening methods and noted that this saved testing time could be used to provide psychological services to more schools than would otherwise be possible.

A final point was made that teacher recommendation was found to be an efficient screening method in the Lansing Elementary Schools while in the Pegnato and Birch study of junior high schools (6) it was not. The writer expressed the opinion that possibly this was due to the fact that grade school teachers spend considerably more time with their pupils than do junior high teachers.

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TEACHER PERSONALITY

—The growth of assurance and authority—

JUDY GLASER

In 1954 I went to the Child Research Branch of the National Institute of Mental Health as a teacher on Dr. Redl's project. I've been teaching there nearly five years. The first three of these were spent with a long-term group of six boys, who graduated from our school to the public schools in Montgomery County. Needless to say I feel pride and gratification that all six boys took their first step out from their hospital life into a real world with such success. And at present, I experience gratification to see the progress our current short-term group of boys is making. The progress of these boys, however, is another paper. Here I want to talk about what has happened to me, the teacher.

I grew up in progressive schools, taught in progressive schools, and when teaching in a more conservative school, I still had the progressive philosophy—a child is an individual who needs to be developed as a creative, self-expressive individual. A classroom is an aggregate of these individuals, to whom I felt I must relate on the individual child's terms.

When I came to Dr. Redl's project I brought that background with me, and, as I saw it then, it was the philosophy I needed to teach severely disturbed children. They needed a teacher who could see each child's problem, and deal with it on an individual basis. These children's emotional problems were severe, and they hadn't been able to learn, or if they had learned, there were blocks now. They needed loving care, and to be understood. They needed to have any tiny spark of interest nourished and fed, and through this we could win them over to learning.

I would need to use all my imagination to think up ways and means of interesting them. I would need great patience to wait for results. I would need Tolerance with a capital **T** to endure their acting-out, and their foul language. I would need forgiveness if a child hurt me physically, or if property got destroyed, and, as my supervisor said in June before I took the job, I would need to invent a suit of armor to wear under my clothes.

Of course, the armor was a joke. But all these other qualities were surely needed to support kids who had little capacity for positive relationships with anyone, least of all the teachers; who had already had devastating experiences with adults and with learning; whose contact with adults in the role of authority caused such anxiety that hostile expressions were immediate and spontaneous.

It presented a challenge to have physical strength, emotional stability, creativity and ingenuity, empathy, patience, tolerance, the ability to take it without resentment, and, hopefully, to teach. What I didn't know was how to use these qualities and skills and still maintain the structure of a classroom within a milieu treatment program in a large government hospital.

The Acting-Out Boy

In the first year, Mr. Faegre and I worked with six boys in the same room. One of these was Ed. He was a big boy at 10. He weighed more than I did. His hands were very big, and he often wanted to show how strong he was when he shook hands. He couldn't bring himself to do school work, and often sat in a big chair with a stack of baby books, leafing through pages he had leafed through many times before. I had patience to wait until he was

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When this paper was presented at the April CEC convention in Atlantic City, N.J., the author was a member of the teaching staff at the Child Research Branch, under the direction of Fritz Redl, of the National Institute of Mental Health, Bethesda, Md.

ready for something else. The other boys were frightened by Ed's size and strength, and yet they were in great need to taunt him. He got aroused very fast, and could tear into a person or an object with terrible speed and frightening hate. We were prepared to let him blow off steam. On one occasion when he was tearing the schoolroom apart, somehow I was without fear, and had the strength to shove him into an adjoining room where I had 6 or 8 large cartons ready for a project. Immediately he climbed inside one of the cartons and began kicking at it till he kicked it apart. He climbed into another one, and kicked it apart. He went through all the boxes. I stayed behind a heavy table, safe and yet there, patiently tolerating this physical aggression. He continued to look at me as he came out from the shambles of each box, and as the last box went to pieces he had spent his anger. Ed looked relieved that I was still there, and we went back into the schoolroom, arm in arm. I was exhausted, but triumphant. I was sure that my empathy and tolerance had won Ed's friendship, and that now he could accept my help as a teacher.

This was not the case. Such incidents happened with all six boys, individually, and often collectively in group school, over and over again. Inventing a suit of armor no longer seemed like a joke. I got beaten up and beaten down to a point where I wondered who and what I was. I was a teacher, or I *had* been one, and I wondered what had happened to that part of me.

The Role of the Teacher

I had what was left of a schoolroom, but where was the teacher? I was friend, therapist-of-sorts, provider of an infinite variety of educational materials, ingenious three-ring circus performer, and even tutor,—but where was the teacher?

I had had little experience in working with psychiatrists when I came to NIH. My tendency was to turn to them for all the answers. Not only did I expect them to know about children's needs, but how these needs were to be met in the classroom as well. I began to realize that the psychiatrist could give me a picture of the child and a prescription for his treatment, but I had to discover how to translate that psychiatric treatment prescription into appropriate classroom activities and how to fit a school into a treatment unit. I had to learn how to retain my identity as a teacher while working on an interdisciplinary team.

Slowly an assurance of what I needed to be, and what I needed to do expressed itself in action. There was a new found courage, strength, assurance,—authority in being a teacher, separating myself from the many garments which I'd had to wear in the many roles I thought I'd had to play in the past. All of these roles are parts of an integrated whole—the teacher. He never discards one garment for another as if he were an actor playing one part or another. As a teacher he *has* empathy, insight, patience, tolerance, ingenuity, as well as knowledge about what and how he has to teach, all of which give him the insights he needs to make these things work in his role as teacher—the authority in the classroom.

But first it was necessary to break the stranglehold of going down every garden path with each child, to establish some realistic limits for the classroom, and maintain these so the children could realize that we had faith in their ability to meet realistic standards, that we cared enough to help them meet these, and had strength enough to stick to them.

Let me tell another story: Joe has an imaginary army of several thousand. In this army he uses symbols for numbers, and therefore he says he doesn't need to learn about arithmetic. As a consequence, arithmetic days are very difficult for Joe. Joe has other problems, such as being easily distracted by activity, noise, and his sexually very disturbing inner life. He is an unusually intelligent nine-year-old, very sensitive, highly imaginative, in fact he lives in a highly powered world of imagination. On one arithmetic day he walked in, went over to a box of cardboard letters and numbers for a felt board. He took the box and threw all its contents up in the air, remarking as they fell, "Look at the smoke, fellows." The other children were already task-oriented, and fortunately didn't respond to this act, so I took Joe's hand and led him over to the arithmetic table, sat him down, and sat down close beside him where I had to hold on to his hand several times in the next few minutes to keep him from loudly drumming the table with his pencil. Finally he, too, became task-oriented, and I was able to leave him doing arithmetic, and make the rounds of helping others, who by this time

needed my attention or my help. When the arithmetic assignment was finished, I asked Joe matter-of-factly to pick up the 50 odd pieces belonging to the felt board, which at this point he was quite able to do without throwing them again, or sucking anyone else in.

There was as much empathy, understanding, tolerance and patience, as in the incident with Ed. And at this point I would like to say that there was more understanding of Joe than of Ed, because Joe, like all these kids, has strengths as well as weaknesses. With Joe, I was focusing on his strengths while helping him to contain his weaknesses. With Ed, I was focusing on his weaknesses alone.

Appropriate School Behavior

Whether a child needs opportunities for full expression of his impulses is not the issue here, but rather that it is inappropriate to meet such needs in a classroom where we present the children with a task-oriented program for only two half-hour periods out of their whole day, where the goal is to help them to learn behaviors appropriate to a school setting.

In the classroom, these children need to be contained, and constantly directed and re-directed, sometimes subtly and casually, sometimes firmly and directly, so they can bring their strengths to bear on small and realistically challenging goals. Joe, for instance, is frightened by his own sexually aggressive acting-out. Unless he is supported by controls, one word, one act leads to another until he cannot hear anyone or anything else, until, in short, he has lived through another destructive episode.

I'd like to explore what happened to me, the teacher, between the incident with Ed and the one with Joe, which were four years apart.

At the time of the Ed incident, there were two teachers in the room, with six kids and often two counselors. We thought we could meet the excessive needs of these kids only by having as near to a one-to-one relationship within the group as possible. By the time of the Joe episode, each teacher had his own classroom, and each was completely responsible for the group of three to five and the program in that room. If the situation was too much for a kid he was removed (bounced) to a counselor in the hall who helped to calm him down so he could return to the classroom. We had tried many other arrangements during the interval between the two episodes.

We are still individual child centered, but we put more emphasis than we used to on the child as a member of a group. All problems are handled by one teacher. There is no divided authority. The children know and respect this. A child may try to wangle, manipulate, seduce, or whatever, but he knows this classroom, he knows what this teacher expects, and that this teacher will be the only person to approve or disapprove his behavior and performance.

At the time of the Ed incident a bounce was used only as a last resort. A child could stay in the room and do any number of things in the group or individually. He could tangle with another child, be separated by a teacher and sidetracked into some other activity that would keep him in the room. He could then blow up and be pacified by the teacher. He could refuse the whole academically-oriented program and be allowed to sit and sulk or play a game, or look at a film strip, or paint, or pound. Only if he got physically so aggressive that he became dangerous to himself or others was he bounced.

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By the time of the Joe incident, slowly we had reached a different concept of the classroom so that now a child is bounced if he can't be redirected to his task. We worked up to this gradually with the original group of six boys, thinking we must get them to like school so we could get them to use it constructively. Now we show them how they can use it constructively so they can get to like it. As Fritz Redl has said "When any youngster needs affection, the simplest way for the teachers to administer it is not by honeyed words or sympathetic smiles, but by friendly assistance in learning. That is the idiom of schools."[1]

The possibility for a teacher to do what I have described here is only possible because of the well trained, skillful people available to take a child off our hands during those times of temporary exclusion from classroom activity. What a child is "bounced" into is as important as what he is "bounced" out of, and it's important that it's not only non-punitive but that there's a clear-cut policy of helping the child get back to his optimum stage of control and return to the class. By working out more efficient ways of using class time for learning I do not want to imply that these ways are less demanding of overall care and auxiliary personnel.

Just as it's possible to latch on to a catch word like permissiveness and commit all sorts of sins in its name, so it will be possible to latch on to words like limits and controls and authority and commit equal and opposite sins. This is not what I suggest. We believe in recognizing individual needs and attending to them. We believe in affection and care. But we have come to a better understanding of where a school program fits in the treatment of disturbed children.

We don't look to the child to tell us what he should do in class. We know what is best, and we will help him to do it. Therefore, with a new incoming group last September, we structured the classroom according to our new concept on the first day. It meant a great deal of bouncing during the first six weeks, and close collaboration with the ward psychiatrist, but we maintained the program that we knew could meet the needs of each child.

Aside from the physical changes, clarification of school goals and philosophy, a third area affected my growth of assurance. This was supervisory support. The whole school program in a large government hospital would surely have faced insurmountable odds which might have contributed to a breakdown of assurance without the intensive interest and knowledge of the school psychologist who was our supervisor. Two have served us, and each one gave something different. The first one gave me courage to look at my own problems, and was a trouble shooter between school and the rest of the interdisciplinary team. The second one has made me take stock of my strengths, and of my ideas, and write them down—to evaluate what has happened to our school, its structure and goals, its meaning for the children, the hospital community, and the teachers. And lastly he has helped me to evaluate what has happened to me, the teacher, the topic of this paper.

Somewhere along the line there should be a footnote, or at the end, a postscript, about humor. A sense of humor, about oneself, and about children is so basic that it underlies and underlines all other qualities in a teacher.

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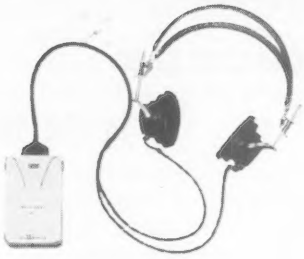

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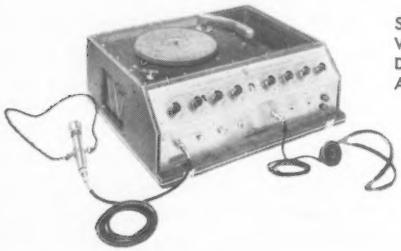

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Multiple Handicaps in the field of Deafness

POWRIE V. DOCTOR

THE PROBLEM of rehabilitating persons handicapped with more than one disability is a growing one, and a serious problem in the United States in the present century. Possibly, to an extent, it is being made more serious by the very advancements in science that would tend to alleviate the contributing conditions. A greater number of children and adults suffering from one or more handicaps are today confronting our teachers and our rehabilitation workers than in previous years, mainly, perhaps, because medicine has become so much more adequate that some patients who would have died 25 years ago are today being saved, but, in many cases, being saved at the price of living out their remaining years under the handicap of one or more major disabilities.

With a few exceptions, we have been oriented to thinking of people as being deaf, or as being blind, or as being crippled, but in this modern twentieth century we must adjust our thinking and our acceptance to include individuals who are both deaf and blind, deaf and aphasic, blind and crippled, and even those who suffer not only from a physical handicap, but also from a mental handicap, and for these groups we need not only schooling, rehabilitation, and social service, but a genuine acceptance of them into our present day scheme of life.

Many of us can recall at almost a moment's notice the founding of the first school for the blind, or the first school for the mentally retarded in the United States, but aside from Helen Keller and Laura Bridgeman in the department for the deaf-blind in the Perkins School in Boston, few of us can name the first school or institution in the United States for the teaching of multiple handicapped children. No doubt the reason for this is that such schools and classes are of comparatively recent origin, and because so very few have been established, and also, possibly, because this is uniquely a twentieth century problem that has been accentuated by our great progress in science.

However, in discussing the broad field of multiple handicaps, we must remember that any single physical handicap often drags with it many other social, educational, and emotional handicaps. In the field of deafness so many tend to think that communication is the one and only difficulty that requires attention. Because of the breakdown in communication in the field of deafness other problems arise, such as the inability to acquire language in the same manner as hearing people do, the difficulty to think in abstract terms, and the consequences on the personality of a deaf person brought about by a communication breakdown with his environment.

All of these byproducts of deafness are being accentuated today as never before by the increased tempo of the times and, in some cases, by the advancement in medical science.

When communication breaks down between a mature deaf person and his environment, handicaps worse than his deafness may occur. Dr. Dohn of Denmark, in explaining the high percentage of deaf persons in mental institutions in Denmark,

• POWRIE V. DOCTOR is editor of the *American Annals of the Deaf*, Gallaudet College, Washington, D. C. This paper was presented at the Section Q meeting of the American Association for the Advancement of Science—Council for Exceptional Children, Washington, D. C., Dec. 26, 1958.

says it is mainly due to isolation. Thus we should remember that keeping active all forms of communication for the deaf: speech, speechreading, language, use of hearing aids, and manual methods such as the use of the manual alphabet and the language of signs, are of paramount importance in this respect.

Today science is helping in a great measure to diagnose properly those who have a single handicap and those who have an additional handicap. This is being pinpointed quite realistically by designating more accurately those who are deaf, and those who are aphasic, those who are both deaf and aphasic. It is fairly easy to label deafness and cerebral palsy or blindness and deafness, but it is extremely difficult and requires much more scientific technique to label such disorders as aphasia, especially when it involves another handicap.

Progress in Understanding

We have come a long way in the past 150 years. In the early days most schools for the deaf were known as asylums. Calling an institution for the deaf a school for the deaf is a product of the present century. There are a few people even today who believe the deaf are mentally below normal people. It is interesting to note that in New York in 1887 a teacher of the deaf named Greenberg experimented quite successfully with tests for the deaf in an effort to differentiate between those who were deaf and normal and those who were deaf and sub-normal, because, as we all know, a deaf person without language may easily be mistaken for a mentally retarded or a mentally deficient person.

For many years the main double handicap brought to the attention of the layman was deafness with blindness. To an extent, this was because of the very great accomplishments of Laura Bridgeman and Helen Keller, both of whom received much publicity. Today we have the aphasic and deaf person, the aphasic and blind person, the mentally-retarded deaf person, or the mentally-retarded aphasic blind person, the emotionally disturbed deaf and the emotionally disturbed aphasic.

Reporting the Handicapped

For the past three years the *American Annals of the Deaf* has been publishing the number of multiple handicapped pupils enrolled in schools for the deaf. We have asked for reports in six categories: the aphasic and deaf, the blind and deaf, the cerebral palsied and deaf, the orthopedic and deaf, the mentally retarded and deaf, and the brain injured and deaf. This does not imply by any means that our list is a complete census of all these categories. It merely means that the reports show the number of school age children so handicapped in all types of schools and classes for the deaf in the United States. In a few instances the classes for the deaf-blind as reported are in schools for the blind. How many more of these children there are of preschool age, I do not know. How many adults suffer from multiple handicaps is another question which I am unable to answer. In 1957 a total of 307 pupils were reported as being aphasic and deaf. This is an increase of 140 over the figure for 1955. In 1957 a total of 102 were reported as being deaf and blind, an increase of 58. Also in 1957 there were 483 reported as being cerebral palsied and deaf, an increase of 164. In 1957 there were 168 reported as being orthopedic and deaf, an increase of 43. In 1957 a total of 212 were reported as being brain injured and deaf, an increase of 105. And lastly, in 1957 there were 910 pupils reported as being mentally retarded and deaf, an increase of 487 in the three-year period.

Editor's Note: According to the author, the number of deaf pupils with additional handicaps in classes for the deaf and in special classes for children with multiple handicaps as reported in the January, 1959, *American Annals of the Deaf*, showed considerable increase over the figures given in this report. The figures for 1959 as reported were: aphasic and deaf, 509; blind and deaf, 122; cerebral palsied and deaf, 582; orthopedic and deaf, 202; mentally retarded and deaf, 1,125; and brain injured and deaf, 280.

There is a distinct possibility that we are reporting cases more accurately than before, but essentially the same schools reported in 1957 as reported in 1955. There is a possibility that these figures may be attributed to increased enrollment. However, I doubt very much if the increased enrollments can account for all of them. Perhaps schools and classes are feeling their responsibility toward the multiple

handicapped more keenly than before. Again, there is the very distinct possibility that more multiple handicapped children are being born than before. Is this problem of the multiple handicapped child a product of the great scientific advances made in this twentieth century, especially in the field of medicine? Are the new medicines keeping alive many children with multiple handicaps who, even a quarter of a century ago, would not have survived? If this is true we must see that adequate provision is made to have the professionally diagnostic services available with which to ascertain the various handicaps, and to see that educational and rehabilitative services are available for these children. It is unwise to allow one field of service to outstrip all the others. If we give $1000 to medical research, let us also give a similar amount to improving facilities for teaching the multiple handicapped and training them for positions where they may earn all or part of a livelihood.

But even this is not the complete answer. We must also see that society is oriented to the problem of accepting the multiple handicapped. In some ways this in itself is one of the major problems of this mid-twentieth century. We need sources of adequate information about this group of handicapped people. We need to know to an extent the number of persons with various multiple disabilities in the United States. We need to know if the number of trained teachers for the various groups is sufficient. This question, however, can be answered now. There is an alarmingly scarce supply of adequately trained teachers for all fields in *Special Education* and in *Rehabilitation*. It may be that one of the frontiers in science in this country lies in what we will do with these handicapped people that in a measure science has bequeathed to us.

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THE HANDICAPPED IN YUGOSLAVIA

(*Continued from page* 132)

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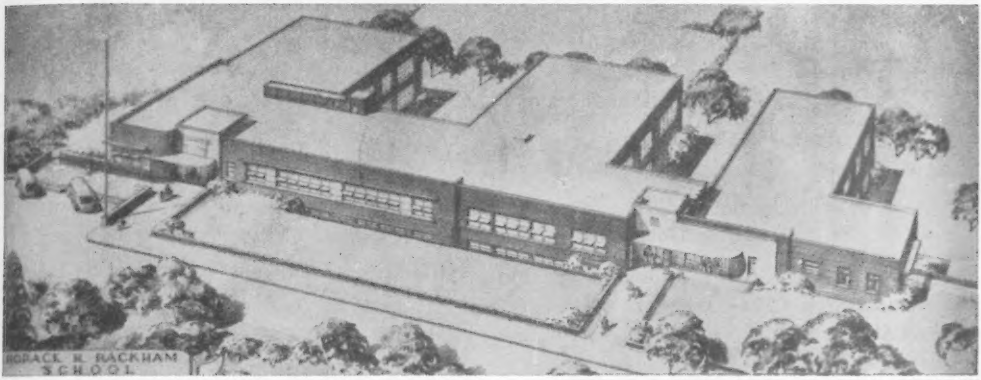

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WITTY, PAUL, CONANT, JAMES B., and STRANG, RUTH. Creativity of Gifted and Talented Children. New York: Teachers College Bureau of Publications, Columbia University, 1959, 51 p.

This pamphlet contains copies of talks given by the authors at the 1959 Atlantic City meeting of the American Association of School Administrators. Witty's paper is essentially a restatement of a number of earlier observations made by him and others pertaining to "Identifying and Educating Gifted and Talented Pupils," stressing the importance of doing the identifying on the basis of more than intelligence test results. Conant briefly calls to attention the difference between "The highly creative three per cent of the population" and the rest of the 15 to 20 percent of the generalized high school population whom he has characterized as "academically talented." He, of course, urges proper guidance to insure "a wide and solid education," especially for the smaller group. In "Developing Creative Powers of Gifted Children," Strang describes the creative person and the creative process, and suggests ways in which creativity can be cultivated. The reactions by the members of the panel to some questions are included, and an extra item, "Qualities in Teachers Which Appeal to Gifted Children" by Ruth Strang, is included for good measure. —T. E. N.

HELPING THE TROUBLED SCHOOL CHILD: SELECTED READINGS IN SCHOOL SOCIAL WORK. Edited by Grace Lee. National Association of Social Workers, 95 Madison Avenue, New York 16, N. Y.

This collection of selected readings in school social work will be of interest to school administrators, teachers, pupil personnel workers, special teachers, and community leaders who are concerned with the development of a social work program in the schools. This book also will be of interest to school social workers seeking reference material which covers the major areas of school social work practice. Since many of the major articles of the period 1935 to 1955 previously published in journals, such as the *Bulletin* of the National Association of School Social Workers (now out of print), appear in this volume, its publication meets a long recognized need to have content related to philosophy, description, development, and practice of school social work readily accessible.

In addition to articles written by practitioners and social work educators who have had experience in relating to social work in the school setting, the volume is enriched by the contributions of psychiatrists, psychologists, and educators who have been close to the development of social work in the school and are familiar with the contributions made by other disciplines in this setting in meeting children's social and emotional problems. Because of the diversity of the viewpoint of different disciplines represented in the writings, including the viewpoint of parents, the school social work reader finds valuable material which serves as a reference point for his own practice. He also finds some repetitious material. The writings carry a conviction and a

belief in the importance of this vital social service as an integral part of the school, and an attempt to find improved methods of interpretation and of effective teamwork to help the troubled child in school.—**J. W.**

Delinquent Behavior: Culture and the Individual. NEA Juvenile Delinquency Project. NEA, 1201 16th St., N.W., Washington 6, D. C.

Delinquent Behavior: Culture and the Individual is a carefully prepared, terse, and blunt statement of theoretical considerations involved in the problem of juvenile delinquency. The report, sponsored by the Juvenile Delinquency Project of the National Education Association, is designed to orient school administrators and teachers with various problems associated with the understanding and treatment of delinquency. Prepared by William C. Kvaraceus (psychologist) and Walter B. Miller (cultural anthropologist), the study was developed out of a series of interdisciplinary seminars and studies with researchers and theoreticians drawn from sociology, psychiatry, pediatrics, and criminology.

Although the report is only 147 pages long, it is packed with sound theory. An impressive aspect is the simplicity and economy of language. Sensible, scientific data are presented for the layman especially, and the scientist implicitly.

The authors make it clear that common sense, although useful in its place, is far from a good or a valid approach to the problem of delinquency. Rather, they stress the need for basic research, for arduous and continuous study, and the development of theory. Such common-sense generalizations as broken homes, strengthening the family, idle hands, bad company, slum clearance, etc., are quickly and effectively ruled out as unrealistic approaches to the cause and cure of delinquency. They take a hard, sober, searching view of facts and try to get at the core of the problem, to define it, comprehend it, explain it, and offer some possibilities of prediction and suggestions for control.

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hard-hitting theoretical summary based on sound research principles aimed at aiding the educator in a more thorough comprehension of delinquency. Regrettably, education is blamed for not doing its share, and the question of "Why Johnny can't go straight" is, in some areas, identified as a function of the school.

The first few chapters deal with a general survey of theory and practice in the field of delinquency, and especially emphasize that much is yet unknown, and that "traditional" treatment of the problem has not been too effective. The writers are concerned with the public interest but point out that systematic procedures are necessary to deal with delinquency at the national, local, and cultural levels. The public is aware of an increase in delinquency. But public awareness is probably much more concerned with "serious" acts, such as murder, rape, and extreme forms of vandalism. The study points out that since 1948, the appearance of juveniles in courts has doubled, and that this increase is not accounted for merely by the increase of numbers of youth in the juvenile age bracket.

For working and study purposes, the authors establish a definition of delinquency. It is a sensible and uncomplicated definition. Delinquency is "... behavior by non-adults which violates specific legal norms or the norms of a particular societal institution with sufficient frequency and/or seriousness so as to provide a firm basis for legal action against the behaving individual or group." And they provide a concise statement on what they mean by norms, rules, and regulations which are involved in the official identification of delinquent acts.

By narrowing the study to a given section of people as defined, the authors then proceed to work out a typology (or classification) of delinquent individuals. They reduce their data to four initial categories: (a) normal children who are not problems; (b) the delinquent who is *not* emotionally disturbed; (c) the delinquent who is emotionally disturbed; and (d) the disturbed juvenile who is not delinquent. Pointing out that legally recognized delinquency involves, primarily, the second and third types, they proceed to classify these into another set of categories. Their data indicate that social class is a significant part of officially recognized delinquency, and they raise the question as to which class produces the delinquent. They find,

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significantly, that 15 percent of delinquent individuals are emotionally disturbed children in the lower classes, 10 percent are emotionally disturbed in the non-lower classes, five percent are *non-disturbed* non-lower class children, and 70 percent are *non-disturbed* lower-class juveniles. It can clearly be seen, then, that ". . . the preponderant portion of our delinquent population consists of essentially 'normal' lower-class youngsters." Actually, three fourths of the officially recognized norm-violators are *not emotionally disturbed*. It is for this reason, I am sure, that "culture and the individual" was given to the title of the report. Essentially, the writers suggest that the basic contributions to norm-violating behavior are elements in the social structure of the society. In chapters nine and ten the significance of social class in norm-violating behavior for both lower and non-lower classes is elaborated. Basic differences in the culture of social classes are enunciated and contrasted. The values, goals and aspirations of the classes are laid out in a comparative system, and factors leading to delinquent behavior are extracted and synthesized. For a large portion of the population, the authors point out, delinquent behavior is considered "normal" within the cultural milieu and is accepted. This appears most true for the lower classes, but there appears to be a trend in the same direction for the middle and upper classes. If one keeps in mind that most officially reported delinquency is committed by non-disturbed youth, and that most of these youth are in a particular social class, it is necessary, then, to determine just what are the "correct" ways of behavior within social classes, and to consider what can be done about re-channeling or redirecting values, goals and aspirations into norm-conforming patterns. Presumably, the second report of the project will take up this problem. I feel constrained to point out that if there is an "upward diffusion" of lower class norms into upper and middle classes, and if, as the authors suggest, middle class norms are promoted in our school systems, then it is likely that middle and upper class norms are no longer functional for their respective classes, but must be assumed to manifest major dysfunctional trends.

The longest chapter in the report (ch. 11) deals with the psychodynamic aspects of delinquency. A contrast is drawn between the hypothetical "healthy" psychological development and the "current unhealthy" trends in family orientation. This lucidly written chapter provides an excellent introduction (for teachers) to bio-cultural-psychological foundations of delinquent acts. Here, the authors stress the importance of the psychodynamic factors within the internal system of the individual which must be reckoned with in any effort to understand why youngsters become involved in delinquency, whether or not they are emotionally disturbed. It is a modest chapter, but lucidly written, and together with the chapters on social class, is worthy of wide distribution among administrators and teachers.

The major approach made to delinquency prevention is through early identification of the delinquent. The thesis is simple. The best control of delinquency is prevention. The task is not simple. But Drs. Kvaraceus and Miller provide a highly useful and instructive set of working principles and guiding lines of thought especially suitable to study, adaptation, and instruction at the local level. As the authors point out, the school ". . . is not a custodial agency. It is a place where the teacher motivates

(*Continued on page* 166)

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(Continued from page 165)

and guides the learning process. . . . But all children come to school and carry their problems, light or heavy, with them." Actually, youth bring the problems of community, class and culture to the school. The school, as a very special major social institution, is confronted with individual, group, community, and cultural problems. The report on *Delinquent Behavior: Culture and the Individual*, will assist teacher and administrator to cope with some of these problems.

On the negative side, the report lacks a thorough bibliography of sources and materials readily available to the typical administrator and teacher. Addition of a bibliography of this type would assist discussion and act as an aid to discussion leaders. It would provide a means for calling attention to significant writing to interested members of the community with whom teachers and administrators must deal.[1]

[1]The second document of this project, "*Delinquent Behavior: Principles and Practices*," will contain such a bibliography and is intended by design to serve both documents. *Ed.*

Delinquent Behavior: Culture and the Individual is designed to give educators and lay people a close look at facts. Dr. Kvaraceus and Dr. Miller, their interdisciplinary team of experts and the National Education Association Project on Juvenile Delinquency (under the direction of Dr. Kvaraceus) are to be commended for their efforts in enlightenment. The report will provide educators with tools and equipment to bring the problems into theoretical focus, and provide stimulus for attacking the problem on any local level.—**G. I. J. D.**

CLARKE, ANN M., and CLARKE, A. D. B. Mental Deficiency, The Changing Outlook, Glencoe, Ill.: The Free Press, 1958. 513 p.

This book stands out as the most comprehensive text now available on psychological and sociological aspects of mental deficiency. It is refreshing to see writing around research findings (750 references). Two British psychologists edited and wrote the volume with chapters contributed by four other psychologists and a speech therapist.

The book is divided evenly between THEORETICAL and PRACTICAL problems. THEORY involves such matters as classification, measurement, genetics, environment, etiology, individual differences, brain injury, and learning (including some Russian research). PRACTICE mostly means psychological assessment, a brief look at educational problems, the trainability of imbeciles, rehabilitation, psychotherapy and speech and language development. A successful attempt was made to demonstrate the close relationship between theory and practice, and to

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indicate how the learning difficulties and social problems posed by the retardate may be ameliorated. The title is reflected in such suggested changes as higher achievement expectancies for severely retarded individuals, and less reliance on the IQ as *the* criterion for success.

The chapters by the editors on measurement, genetics, and etiology are the weakest and could be the most misleading to naive readers. Those by Tizard, O'Connor, and Gunzberg on individual differences, learning, and psychological assessment respectively, are more thorough and compelling, if one will excuse such controversial conclusions as Gunzberg's decision that ". . . the Binet should not be used for assessment of the mentally deficient . . ." (p. 265).

In psychology, this text deserves careful attention in America. Over half the references are from American sources allowing for a good international balance. It gives a much more critical and comprehensive review than former books on psychological aspects of mental deficiency, the sections on learning and speech development being especially unique and well advised.—**M.B.M.**

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JOINT SESSIONS OF AAAS, SECTION Q, AND CEC
CHICAGO, SHERMAN HOTEL, SAT., DECEMBER 26, 1959

9AM-12PM ORGANIC AND SOCIAL FACTORS IN MENTAL DEFICIENCY AND THEIR SIGNIFICANCE TO THE EDUCATIONAL PROGRAM

Chairman: Frances A. Mullen, assistant superintendent of schools, Chicago, Ill.

PAPERS:

SOME CONDITIONS PERTAINING TO ORGANICITY IN THE DEVELOPMENT AND EDUCATION OF THE CHILD
George Yacorzynski, Northwestern University Medical School, Evanston, Ill.

SOCIAL FACTORS ASSOCIATED WITH MENTAL HANDICAP
Bernard Demsch, sociologist, and William Itkin, director, Cooperative Research Project on Mental Deficiency, Chicago Public Schools, Ill.

TEACHING THE BRAIN INJURED CHILD
Louise Sinderson, teacher, Joliet Public Schools, Ill.

MEDICAL TREATMENT OF MONGOLISM
Henry Turkel, M.D., Detroit, Mich.

2-5PM WEAPONS OF THE SCHOOL IN THE WAR AGAINST DELINQUENCY

Chairman: Ivan Garrison, President, Council on Exceptional Children and and Director of Special Education, Jacksonville, Ill.

PAPERS:

HEALTH OF SCHOOL CHILDREN IN A PROBLEM NEIGHBORHOOD
Irving Abrams, M.D., director of health services, Chicago Public Schools, Ill.

SCHOOL-COMMUNITY RELATIONS. Edward Hopper, staff-supervising sociologist, Illinois Youth Commission, Division of Community Services, Springfield, Ill.

MEETING THE NEEDS OF SOCIALLY MALADJUSTED GIRLS
Catherine Stullken, assistant principal, Montefiore Special School, Chicago, Ill.

BRIDGING THE GAPS BETWEEN SCHOOL, HOME AND AGENCY
Margaret Quane, supervisor of school social workers, Evanston Public Schools, Ill.

A PILOT PROGRAM TO AID IN ADJUSTMENT OF STUDENTS RETURNED FROM INSTITUTIONS
Virginia Lewis, principal, and Bernard Liby, teacher, Phillips High School, Chicago, Ill.

ORIENTATION OF NEWCOMERS
Theodore Kuemmerlein, director of pupil personnel, Milwaukee Public Schools, Wisc.

Quality: Lost in the shuffle?

HERBERT GOLDSTEIN

FOR SOME years, we have been enjoying an increase in the numbers of special classes and services, teachers, and programs for exceptional children. Happily, this growth in education provisions is consistent with the philosophy to which we subscribe: that all children in a democracy are entitled to an education commensurate with their abilities and needs. Unhappily, our drive for more diagnostic services, more teachers, and more teacher education is not matched by our efforts to develop more perceptive and effective diagnostic services, better teachers, and more quality-supported programs of teacher education.

We all believe in quality, but the qualitative facet of our work is too often displaced by the questionable philosophy of expediency. Thus, common coinage is given to the idea that a poor teacher, an inadequate room, a sketchy diagnosis, and a superficial teacher-education program are preferable to none at all.

Somehow, in the press to get someone resembling a well-prepared teacher into the school or college classroom, we overlook our first obligation: to prepare children for maturity according to the best educational principles. To spend money to keep it from being diverted to another budget, to start classes to relieve pressures of parents and community agencies, and to assign incompetent faculty members to teacher-education programs is to ignore the long-range negative effects that such action has on children.

Expediency makes for more problems than it solves. Time saved in seizing the first available candidate is lost in trying to undo the damage done in the classroom (and in finding an adequate replacement). Time might better be spent in search of a competent person or in training a likely candidate to function at a level compatible with good standards. The inadequate supply of qualified special education personnel accentuates this problem, but we must face the fact that there are and will always be shortages in our own and in every other profession. What we seem to overlook is that other professions have already learned that shortages are not solved by compromising standards. High standards and ethics are, in times of stress, the best safeguards against inappropriate and vitiating measures.

In teacher education, unconcern for quality creates a hazard for persons who in all sincerity wish to specialize in the education of exceptional children. The college or university they select may have an unprepared and inexperienced faculty, or it may employ instructors whose only experiences with children have been in a clinical setting. Training in peripheral areas is not an adequate substitute for competencies in the unique and systematic organization of learning experiences for exceptional children.

If we shelve our ethics and tolerate low standards, the education of exceptional children cannot take its place along side other professional areas in the social sciences. Our professed belief in "quality," and what we actually do to achieve it, need reappraising at this time. Our actions must measure up to our statements.

Dr. Goldstein, associate professor of education, University of Illinois, is president of the Division of Teacher Education, a CEC division formed to promote teacher education and research relating to exceptional children. Membership is open to all interested college personnel. In addition to their annual meeting (in conjunction with CEC) and a newsletter, the division undertakes special projects such as that reported on page 104 ff. in the October 1959, issue of EXCEPTIONAL CHILDREN.

Exceptional Children

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